

DIGIT LIFE HEALTHY LONG TERM GROUP POLICY

(Health Plus Life Combi Product from Go Digit General Insurance Ltd. and Go Digit Life Insurance Ltd.)

PROSPECTUS

UIN: GODHLGP24114V012324

Product Introduction

Go Digit General Insurance Limited and Go Digit Life Insurance Limited have joined hands together to offer “Digit Life Healthy Long Term Group Policy”, a product having dual benefits of health insurance and life insurance in a single plan. This Policy will provide complete health care to you and your family. Also, this will provide financial protection by providing life insurance coverage to you.

Key Features of this Product

- Affordable Premium
- Cashless claims for health cover
- Save tax as per prevailing Income Tax rules.
- Easy Claims settlement process.

Points to Note:

- The product is jointly offered by “Go Digit General Insurance Ltd” and “Go Digit Life Insurance Ltd.”
- You will purchase two policies, I. Digit Group Complete Secure Policy offered by Go Digit General Insurance Limited & II. Digit Life Group Long Term Plan offered by Go Digit Life Insurance Limited as part of this combo solution.
- You will receive the policy benefits as applicable for all the two policies as per standard terms & conditions of the respective products.
- The risks under the components of the Combi Product are distinct. Go Digit Life Insurance Ltd shall assume/accept the risk only in relation to the life insurance component of the Combi Product and Go Digit General Insurance Ltd shall assume/accept the risk only in relation to the health insurance component of the Combi Product.
- The premium of the life insurance and health insurance components of the Combi Product are separate and have been separately identified and disclosed in the Combi Product policy document. The health insurance component of the Combi Product is entitled to be renewed at the option of the policyholder of Go Digit General Insurance Ltd.
- You shall pay the integrated premium for the Combi Product to either of Go Digit General Insurance Ltd and Go Digit Life Insurance Ltd. The insurer receiving the consolidated premium shall further transfer the relevant share of the premium to the other insurer. You shall be entitled to the underlying benefits of both life and health insurance components of the Combi Product from the date and time of acceptance of the integrated premium by Go Digit General Insurance Ltd or Go Digit Life Insurance Ltd.
- The Combi Product shall have a free look option, which shall be applied to the Combi Product as a whole. Provided where an existing policyholder of any health insurance product has migrated to the Combi Product, such policyholder is entitled to all the rights of migration as per the applicable portability norms.
- At any time during the validity of the Combi Product policy, you shall be entitled to continue with either part of the Combi Product policy, discontinuing the other.
- The liability to settle the claim vests with respective Insurers, i.e., for life insurance benefits, Go Digit Life Insurance Ltd and for health insurance benefits, Go Digit General Insurance Ltd.
- All policy servicing requests pertaining to the Combi Product shall be received by either of the Insurers. However, Go Digit General Insurance Ltd, as the Lead Insurer of the Combi Product, shall play a facilitative role in policy servicing and shall be the nodal point for receiving the servicing requests, executing these requests and issuing acknowledgements as required.
- All requests pertaining to the Combi Product impacting premium or policy terms of Go Digit General Insurance Ltd and Go Digit Life Insurance Ltd shall be serviced by Go Digit Life Insurance Ltd for life products and by Go Digit General Insurance Ltd for health products, as the case may be.
- Both Go Digit General Insurance Ltd and Go Digit Life Insurance Ltd shall fulfil servicing requests received by them in accordance with the IRDAI (Protection of Policyholders’ Interests) Regulations, 2017, as amended from time to time. Both Go Digit General Insurance Ltd and Go Digit Life Insurance Ltd shall be responsible for the pro-active and speedy settlement of claims and other obligations in accordance with the terms and conditions of their respective life insurance or health insurance components of the Combi Product. The claim process is available on the website of both Go Digit Life Insurance Ltd and Go Digit General Insurance Ltd.
- You may lodge a grievance with respect to either or both of the life insurance and health insurance components of the Combi Product at branches of either Go Digit General Insurance Ltd or Go Digit Life Insurance Ltd. Complaint belonging to any product shall be routed to the respective insurer viz. Go Digit General Insurance Ltd and Go Digit Life Insurance Ltd, who shall then respond/address to the Customer directly. Complaints shall be forwarded by Go Digit General Insurance Ltd and Go Digit Life Insurance Ltd to each other for their respective Product. In the event you are not satisfied with the resolution offered, you may also approach the Insurance Ombudsman in your region. Please refer to the relevant grievance redressal mechanism section mentioned under each component of the Combi Product.

- The legal/quasi legal disputes, if any, are dealt by Go Digit General Insurance Ltd and Go Digit Life Insurance Ltd for their respective benefits. The legal disputes pertaining to life insurance benefits shall be dealt with by Go Digit Life Insurance Ltd and for health benefits all the legal disputes will be handled by Go Digit General Insurance Ltd.
- You are to be advised to familiarize themselves with the policy benefits and policy service structure of the 'Combi Product' before deciding to purchase the policy.
- Two Covers – "Critical Illness benefit cover" and "Wellness Benefit Program" are available under both I. "Digit Group Complete Secure" as well as under II. "Digit Life Group Long Term Plan". However, you are allowed to opt these covers in either I or II. You cannot opt these covers under both.
- Withdrawal of tie up between the Insurers:

Go Digit General Insurance Ltd or Go Digit Life Insurance Ltd may terminate this tie up between them after obtaining the requisite approval from the IRDAI. Upon receipt of such approval from the IRDAI, Go Digit General Insurance Ltd or Go Digit Life Insurance Ltd may terminate this tie up with notice period of ninety (90) days, or such other period as may be prescribed by the IRDAI, from the date of such approval. The insurers may mutually decide to terminate the Agreement and intimate the same to the customer ninety (90) days prior to the termination of the relationship. However, the Policy will continue until the expiry or termination of the coverage in accordance with the policy wordings for respective coverage.

In case of withdrawal of tie-up between insurers, the customer may choose to continue with either of the policies (health or life). However, with respect to health cover policy, the same will be subject to Migration guidelines.

In the event of termination of this tie up, Go Digit General Insurance Ltd and Go Digit Life Insurance Ltd shall mutually cooperate for providing customer support and policy servicing post termination of the tie up between Go Digit General Insurance Ltd and Go Digit Life Insurance Ltd. Further, Go Digit General Insurance Ltd or Go Digit Life Insurance Ltd, as the case may be, shall remain liable for its respective life insurance or health insurance components for all Combi Product policies in force at the time of termination of this tie up until their expiry.

I. DIGIT GROUP COMPLETE SECURE POLICY

What is covered under Digit Group Complete Secure Policy?

The coverage under this policy is as mentioned below:

SECTION 1. ACCIDENTAL DEATH

If You sustain an Accidental Bodily Injury during the Policy Period, which is the sole and direct cause of Your Death within twelve (12) months from the date of accident, then We will pay 100% of the Sum Insured, as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

Inbuilt Benefits:

Below are the inbuilt benefits under **Section 1. Accidental Death** and We will pay 100% of the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, in the below events:

- a. **Disappearance:** We shall be liable to be pay under this benefit, if the Insured Member's full body cannot be located within a period of consecutive twelve (12) months, following a forced landing, stranding, sinking, or wrecking of a Common Carrier in which such Insured Member was known to have been travelling as a fare paying passenger or in any event arising as a result of Act of God Perils during the Policy Period, where it is reasonable to believe that such Insured Member has died as a result of an Accidental Injury.
- b. **Drowning:** We shall be liable to be pay under this benefit, if the Insured Member's full body cannot be located within a period of consecutive twelve (12) months, on account of Drowning during the Policy Period, where it is reasonable to believe that such Insured Member has died as a result of drowning.

For both (a) and (b) above, We will only pay, when the nominee or the legal heir provides a legally binding indemnity bond or any other document as required by Us which guarantees, that, if at any time, after the payment of the Accidental death benefit, it is discovered that the Insured Person is still alive, all payments shall be repaid in full to Us.

Once a claim has been accepted under this Section, this Policy will immediately and automatically cease in respect of that Insured Person. Also, "**Section 5. Children Education Benefit**", "**Section 6. Marriage Expense for Children**", "**Section 7. Orphan Benefit for Children**", "**Section 8. Funeral Expenses**", "**Section 9. Transportation Expenses**", "**Section 10. Trauma Counselling**", "**Section 16. Compassionate Visit**" wherever opted, will cease on payment of entire Sum Insured in respect of the Insured Person against whom a claim has been accepted under this Section.

This Cover is subject to terms, conditions, limitations, sum insured basis and exclusions mentioned in the Policy.

SECTION 2. PERMANENT TOTAL DISABLEMENT

If You have opted for this Cover, and You sustain an Accidental Bodily Injury during the Policy Period, which is the sole and direct cause of Your "**Permanent Total Disablement**" within twelve (12) months from the Date of accident, then We will pay 100% of Sum Insured, as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

Specific Conditions:

1. If the Insured Member suffers Accidental Injuries resulting in more than one of the Permanent Total Disablement, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured opted by You and mentioned against this Section.
2. Once a claim has been accepted under this Section, this Policy will immediately and automatically cease in respect of that Insured Person. Also, "**Section 5. Children Education Benefit**", "**Section 6. Marriage Expense for Children**", "**Section 10. Trauma Counselling**", "**Section 20. Lifestyle Modification Benefit**", "**Section 15. Expense for External Aids & Appliances**", "**Section 16. Compassionate Visit**" wherever opted, will cease on payment of entire Sum Insured in respect of the Insured Person against whom a claim has been accepted under this Section.

This Cover is subject to terms, conditions, limitations, sum insured basis and exclusions mentioned in the Policy.

SECTION 3. PERMANENT PARTIAL DISABLEMENT

If You have opted for this Cover, and You sustain an Accidental Bodily Injury during the Policy Period, which is the sole and direct cause of Your Permanent Partial Disablement within twelve (12) months from the Date of accident, then We will pay the percentage of Sum Insured, as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, as per the following Scale.

Permanent Partial Disablement –Table of Benefits

Nature of Injury	% of Sum Insured
Loss of each arm at the shoulder joint	70%
Loss of each leg above centre of the femur	70%
Loss of each arm to a point above elbow joint	65%
Loss of each leg up to a point below the femur	65%
Loss of each arm below elbow joint	60%
Loss of each hand at the wrist	55%
Complete and irrecoverable loss of sight of an eye	50%
Loss of each leg to a point below the knee	50%
Loss of each leg up the centre of tibia	45%
Loss of each foot at the ankle	40%
Loss of hearing in each ear	30%
Loss of each thumb	20%
Loss of each index finger	10%
Loss of sense of smell	10%
Loss of each other finger	5%
Loss of each big toe	5%
Loss of sense of taste	5%
Loss of each other toe	2%

For the purpose of this Cover, Loss means:

- a. The physical separation of a body part, or
- b. The total loss of functional use of body part or organ provided this has continued for at least 12 calendar months from the date of accident, provided that We must be satisfied at the expiry of the 12 calendar months that there is no reasonable medical hope for improvement.

Specific Conditions:

1. If the Insured Member suffers Accidental Injuries resulting in more than one Permanent Partial Disablement, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.
2. If the Insured Member suffers from a Permanent Partial Disablement not listed in the above table then an external medical advisor will determine the disablement percentage. For this section External Medical Advisor refers to an independent physician/surgeon who is an expert in the subject matter and is not working as on roll or off roll/ contract basis with the Insurer.
3. On acceptance of a claim under this Benefit, the Insured Member's Cover under this Benefit and Other Benefit opted under this Policy shall continue, subject to the availability of the Sum Insured, terms, conditions and Exclusion of this Policy.

This Cover is subject to terms, conditions, limitations, sum insured basis and exclusions mentioned in the Policy .

SECTION 4. TEMPORARY TOTAL DISABLEMENT

If You have opted for this Cover, and You sustain an Accidental Bodily Injury during the Policy Period, which is the sole and direct cause of a Temporary Total Disablement and which completely prevents You from performing each and every duty pertaining to Your employment or occupation on a temporary basis, then We will pay a weekly benefit, amount of which is mentioned in Your Policy Schedule/Certificate of Insurance against this Section, provided that:

1. The Temporary Total Disablement is certified by a Medical Practitioner and submission of supporting documents/reports with respect to clinical examination, radiological scanning or imaging and/or neurological fallout testing as submitted to US, failing which We shall not be liable for any claim under this Section.
2. We will stop making payments when We are satisfied that You can engage in Your occupation again or when We have made payments for number of weeks as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance for any one injury calculated from the date of commencement the temporary total disablement as certified by the treating Medical Practitioner, whichever is earlier.

3. We shall not be liable to make any payment under this Benefit in respect of the Insured Person for more than the Total Number of weeks as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance for any and all claims arising within the Policy Period under this Benefit.
4. The benefit shall not be paid for the Time Excess mentioned in Your Policy Schedule/Certificate of Insurance i.e. for the number of days as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance calculated from the date of commencement of Temporary Total Disablement.
5. In case the Temporary Total Disablement is for a period less than a week, the benefit payable shall be calculated on proportionate basis in relation to the weekly benefit.
6. We will not pay any amount in excess of the Insured Person's base weekly income net of tax and other deductions, excluding overtime, bonuses, tips, commissions, or any other special compensation.
7. In case of any dispute with respect to the duration of Temporary Total Disablement, the duration shall be finally determined by a Doctor/Medical Practitioner mutually appointed by the Insured and Insurer, who certifies the final date upon which the Insured recovered and fit to perform each and every duty pertaining to his / her employment or occupation.

This Cover is subject to terms, conditions, time excess, limitations and exclusions mentioned in the Policy.

SECTION 5. CHILDREN EDUCATION BENEFIT

If You have opted for this Cover and We have accepted a claim under “**Section 1. Accidental Death**” and/or “**Section 2. Permanent Total Disablement**”, then We will pay the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, towards the cost of education of Your dependent child (children) irrespective of whether the child(children) is an Insured Person under the Policy or not and provided that:

1. The dependent child (children) is under the age of 25 years and unmarried as on date of accident.
2. The dependent child (children) pursuing an education course is a full-time student at an educational institution.
3. Irrespective of the number of Children, maximum amount is the Sum Insured as mentioned in Your Policy Schedule/Certificate of Insurance. However, in case the dependent child (children) is/ are girl(s), then We will pay an amount equivalent to the percentage of the Sum insured as opted by You and mentioned in the Policy Schedule / Certificate of Insurance against this section.
4. Any Claim under this Section that becomes admissible where the Dependent child (children) is a minor, shall be payable to the legal heirs.
5. For the purposes of this Section, Child (Children) means those who has/have been born out of a marriage which is legally valid as on the date of the accident and/or those who has/have been adopted in accordance with Indian Law.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 6. MARRIAGE EXPENSE FOR CHILDREN BENEFIT

If You have opted for this Cover and We have accepted a claim under “**Section 1. Accidental Death**” and/or “**Section 2. Permanent Total Disablement**”, then We will pay the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, towards the marriage expenses of Your dependent child (children) irrespective of whether the child(children) is an Insured Person under the Policy or not and provided that:

1. The dependent child (children) is under the age of 25 years and unmarried as on date of accident.
2. Irrespective of the number of Children, maximum amount is the Sum Insured as mentioned in Your Policy Schedule/Certificate of Insurance.
3. Any Claim under this Section that becomes admissible where the Dependent child (children) is a minor, shall be payable to the legal heirs.
4. For the purposes of this Section, Child (Children) means those who has/have been born out of a marriage which is legally valid as on the date of the accident and/or those who has/have been adopted in accordance with Indian Law.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 7. ORPHAN BENEFIT FOR CHILDREN

If You have opted for this Cover and We have accepted a claim under “**Section 1. Accidental Death**” for the Insured Person who is a parent and while as a result of same accident or separate accident occurring during the Policy Period the Insured Person's Spouse (who may or may not be an Insured Person) has also died, then We will pay the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section to Your dependent child (children) irrespective of whether the child(children) is an Insured Person under the Policy or not and provided that:

1. The dependent child (children) is under the age of 25 years and unmarried as on date of accident.
2. The dependent child (children) does not have any independent source of income.
3. Irrespective of the number of Children, maximum amount is the Sum Insured as mentioned in Your Policy Schedule/Certificate of Insurance.
4. Any Claim under this Section that becomes admissible where the Dependent child (children) is a minor, shall be payable to the legal guardian/heirs.

5. For the purposes of this Section, Child (Children) means those who has/have been born out of a marriage which is legally valid as on the date of the accident and/or those who has/have been adopted in accordance with Indian Law.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 8. FUNERAL EXPENSES

If You have opted for this Cover and We have accepted a claim under “**Section 1. Accidental Death**”, then We will pay the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, towards funeral, cremation and/or burial of the body of the deceased Insured Person.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 9. TRANSPORTATION EXPENSES

If You have opted for this Cover and We have accepted a claim under “**Section 1. Accidental Death**”, then We will pay the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, towards the expenses of transporting the mortal remains of the Insured Person from the place of death to a cremation ground or burial ground or to the residence of the Insured Person.

This cover will be restricted to within India only, unless specifically waived off and mentioned in Policy Schedule.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 10. TRAUMA COUNSELLING

If You have opted for this Cover and We have accepted a claim under “**Section 1. Accidental Death**” and/or “**Section 2. Permanent Total Disablement**” and/or “**Section 3. Permanent Partial Disablement**”, and the treating Medical Practitioner advises Professional Counselling sessions for the psychological upliftment, changes in daily diet or nutrition intake, Psychotherapy or Medications, then We will reimburse up to the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, towards the expenses incurred for the counselling session, provided that, Coverage needs to be availed within Six months from the date of incident (i.e. date of injury/ accident) covered under this Section and is applicable to:

- a. Insured Person’s Parents, Spouse and Children – In case of **accidental death** of the Insured Person.
- b. Insured Person – In case of **Permanent Total Disablement** and/or **Permanent Partial Disablement** sustained by the Insured during the Policy Period.

This Cover is subject to terms, conditions, Co-Payment, limitations and exclusions mentioned in the Policy.

SECTION 11. COMA BENEFIT COVER

If You have opted for this Cover and You sustain accidental bodily injury which solely and directly results in Your hospitalization in an Intensive Care Unit of a Hospital in a state of Coma, within 30 days of date of accident, then We will pay You the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, provided that:

- 1. The Coma is confirmed by a specialist Medical Practitioner in writing which includes:
 - a. no response to external stimuli continuously for at least 96 hours; and
 - b. life support systems and measures are necessary to sustain life.
- 2. Permanent neurological deficit must be assessed at least 30 days after the onset of the coma and the reports to be submitted to Us for any benefit to be payable under this Section.
- 3. Coma resulting directly from alcohol or drug abuse or any other illness other than Accidental Bodily Injury is excluded.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 12. FRACTURE COVER

If You have opted for this Cover and You sustain accidental bodily injury which solely and directly results in Fracture(s) of Bone(s), then We will pay the percentage shown in the below table of benefits applied to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

Fracture Cover - Table of Benefits

Nature of Fracture	% of Sum Insured
Hip or Pelvis (excluding thigh or coccyx)	
Open Fracture of more than one bone with flail pelvis	100%
Open Fracture of more than one bone without flail pelvis	50%
Open Fracture of one bone	50%
Closed Fracture of more than one bone with flail pelvis	50%
Closed Fracture of more than one bone without flail pelvis	25%
Closed Fracture one bone	15%

Thigh	
Open Fracture of neck of Femur	60%
Open Fracture of shaft of femur	45%
Closed Fracture of neck of Femur	25%
Closed Fracture of shaft of femur	25%
Fracture of condyles /patella	15%
Lower Leg	
Open Fracture of more than one bone	60%
Open Fracture of one bone	45%
Closed Fracture of more than one bone	25%
Closed Fracture one bone	15%
Fracture Ribs	
Fracture of Multiple Ribs with Flail Chest	25%
Fracture of Multiple Ribs with without Flail Chest	20%
Fracture of Single rib / Fracture of sternum	10%
Elbows, Arm (including wrist but excluding Colles type fractures)	
Open Fracture of more than one bone	45%
Open Fracture of one bone	35%
Closed Fracture of more than one bone	20%
Closed Fracture one bone	15%
Colles type fracture of the lower arm	
Open Fracture	25%
Closed Fracture	10%
Skull	
Fracture of the skull needing surgical Intervention	60%
Fracture of the skull not needing surgical Intervention	20%
Shoulder Blade, Rib(s), Knee cap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes or heel)	
Open Fracture	30%
Closed Fracture	15%
Spinal Column (Vertebrae but excluding coccyx)	
Compression fractures of more than one vertebrae	40%
Spinous, transverse process of pedicle fractures of more than one vertebrae	40%
Permanent Spinal Cord damage	40%
Fractures of Single Vertebra	15%
Lower Jaw	
Open Fracture	25%
Closed Fracture	10%
Cheekbone, Clavicle, Coccyx, Upper Jaw, Nose, Toe(s), Finger(s), Ankle, Heel	
Open Fracture of more than one bone	15%
Open Fracture of one bone	12%
Closed Fracture of more than one bone	4%
Closed Fracture one bone	2%
Dislocations requiring surgery under anaesthesia	
Spine	35%
Back (Excluding slipped disc)	35%
Hip	25%
Knee (left or right)	20%
Wrist (left or right)	15%
Elbow (left or right)	15%
Ankle (left or right)	10%
Shoulder Blade (left or right)	10%
Collar bone	10%
Fingers (left or right hand)	5%
Toes (left or right foot)	5%
Jaw	5%
Internal Injuries	
Internal injuries resulting in open abdominal or Thoracic Surgery	25%
Intracranial haemorrhage and/ or physical brain injury	25%

Specific Conditions:

1. If You suffer a Fracture not specified in the below table but the fracture is due to an injury solely and directly due to an accident, then Our Medical Practitioner will decide the amount payable, if any. For this section the Company's Medical Practitioner refers to the medical practitioner who is working as an off roll /contract basis with the Insurer.
2. A fracture which results due to any illness or disease (including malignancy) or due to osteoporosis shall not be payable under this benefit.
3. A fracture where the broken bone penetrates the skin is an Open Fracture and where the broken bone does not penetrate the skin is a Closed Fracture.
4. If the Insured Member suffers Accidental Injuries resulting in more than one fractures, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 13. BURNS COVER

If You have opted for this Cover and You sustain Second Degree Burns or Third Degree Burns solely and directly due to an accident, then We will pay the percentage shown in the below table of benefits applied to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

Burns Cover - Table of Benefits

Nature of Burns	% of Sum Insured
SECOND DEGREE BURNS	
Head	
Second degree burns of 30% or more of the total head surface area	50%
Second degree burns of 20% or more, but less than 30% of the total head surface area	40%
Second degree burns of 10% or more, but less than 20% of the total head surface area	30%
Rest of the Body	
Second degree burns of 20% or more of the total body surface area	50%
Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
Second degree burns of 5% or more, but less than 10% of the total body surface area	10%
THIRD DEGREE BURNS	
Head	
Third degree burns of 30% or more of the total head surface area	100%
Third degree burns of 20% or more, but less than 30% of the total head surface area	80%
Third degree burns of 10% or more, less than 20% of the total head surface area	60%
Rest of the Body	
Third degree burns of 20% or more of the total body surface area	100%
Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
Third degree burns of 10% or more, less than 15% of the total head body area	60%
Third degree burns of 5% or more, less than 10% of the total head body area	20%

For the purpose of this cover,

1. Burns means an injury caused by exposure to heat or flame including chemical and electric burns.
2. **Second Degree Burns** means Burns which involve the epidermis and part of the dermis layer of skin, causing the burn site to appear red, blistered, and may be swollen and painful.
3. **Third Degree Burns** (full thickness burns) means the burns that destroy the outer layer of the skin (epidermis) and the entire layer beneath i.e. the dermis. It also affects deeper tissues resulting in white or blackened, charred skin that may cause numbness, loss of fluid and sometimes shock.

Specific Conditions:

1. The burns that are self-inflicted by You in any way will not be covered under this Benefit;
2. A Medical Practitioner has to confirm the percentage of the surface area of the burn and the diagnosis of the burn to Us in writing.

3. If the Insured Member suffers Accidental Injuries resulting in more than one of the nature of burns mentioned in the above table of benefits, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 14. LIFESTYLE MODIFICATION BENEFIT

If You have opted for this Cover and We have accepted a claim under “**Section 2. Permanent Total Disablement**” and/or “**Section 3. Permanent Partial Disablement**”, and/or **Section 20. Critical Illness Benefit Cover** and/or **Section 21. Critical Illness Hospitalization Cover** (wherever opted), then We will reimburse the Reasonable and Customary Charges/Expenses incurred for improvements to be carried out in the Insured Person’s residence and/or vehicle which are certified in writing by a Medical Practitioner to be necessary and following the accident or diagnosis of critical illness, up to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

This Cover is subject to terms, conditions, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 15. EXPENSE FOR EXTERNAL AIDS & APPLIANCES

If You have opted for this Cover and We have accepted a claim under “**Section 2. Permanent Total Disablement**” and/or “**Section 3. Permanent Partial Disablement**”, and/or **Section 20. Critical Illness Benefit Cover** and/or **Section 21. Critical Illness Hospitalization Cover** (wherever opted), then We will reimburse the Reasonable and Customary Charges incurred towards purchase of support items such as artificial limbs, crutches, stretcher, tricycle, wheelchairs or any other item which is prescribed by a Medical Practitioner following an injury sustained in the accident or critical illness, up to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section

This Cover is subject to terms, conditions, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 16. COMPASSIONATE VISIT

If You have opted for this Cover and We have accepted a claim under “**Section 1. Accident Death**” and/or “**Section 2. Permanent Total Disablement**” and/or “**Section 26.A. Accidental Hospitalization**” due to an accident in a location situated outside the City/Town of Your usual place of residence mentioned in Your Policy Schedule/Certificate of Insurance, then We will reimburse the actual cost incurred for to and fro economy class transportation by the most direct route via a common carrier, up to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, for one of the Insured’s “**Immediate Family Member**” to travel to the place of accident or the Hospital in which the Insured Person is hospitalized.

For the purpose of this Section, the term “**Immediate Family Member**” would mean the Insured Person’s spouse, siblings, Children above age of 18 years, parents or parents in law.

Specific Conditions:

The benefit is payable under this Section subject to:

1. The Insured Member’s treating Medical Practitioner has advised in writing the personal attendance of an Immediate Family Member.
2. The Insured Person is Hospitalized at a distance of at least 100 kilometres from his place of residence.

This Cover is subject to terms, conditions, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 17. MISCARRIAGE DUE TO ACCIDENTAL INJURY

If You have opted for this Cover and You sustain accidental bodily injury which solely and directly results in **Miscarriage** of a Pregnant Insured Member within 15 days of such accident, then We will pay a lumpsum amount as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance, provided that:

- a. The miscarriage shall not be attributed to any natural causes and/or sickness relating to pregnancy or child birth.
- b. We shall not be liable for voluntary termination of pregnancy.
- c. This benefit is applicable only to the female Insured Member covered under this Policy.

For the purpose of this Cover, **Miscarriage** shall mean the spontaneous or unplanned expulsion of a foetus from the womb within the first 20 weeks of gestation.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 18. HAZARDOUS OR ADVENTURE SPORTS COVER

This Policy has exclusion for any accidental bodily injury sustained while participating in **Hazardous or Adventure Sports**. By Opting this section “**HAZARDOUS OR ADVENTURE SPORTS COVER**”, You can choose to remove the abovementioned exclusion for the following 3 sections as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance.

- a. Section 1- “Death”
- b. Section 2- “Permanent Total Disablement”
- c. Section 30 A- “Accidental Hospitalization”

Provided You are participating in a non-professional capacity and under the supervision of a trained professional. Claim Assessment will be as per the terms and condition of the respective section.

Hazardous or Adventure Sports cover are bifurcated into various level (Level 0, 1, 2 & 3) as mentioned in **Annexure - B**. You can choose to cover the level of **Hazardous or Adventure Sports cover** which will be mentioned in Your Policy Schedule/Certificate of Insurance under specific conditions for this section.

- If You have paid the required additional premium for **Hazardous or Adventure Sports cover** in Level 3, You will be covered for all sports and activities listed as Level 0 (Zero), 1, 2 and 3.
- If You have paid the required additional premium for **Hazardous or Adventure Sports cover** in Level 2, You will be covered for all sports and activities listed as Level 0 (Zero), 1 and 2 while level 3 will remain as exclusion.
- If You have paid the required additional premium for **Hazardous or Adventure Sports cover** in Level 1, You will be covered for all sports and activities listed as 0 (Zero) and Level 1 while level 2 and 3 will remain as exclusion.
- This cover is subject to some special condition and exclusions on individual sports and activities as mentioned in **Annexure – B** against respective sport/activity.

Specific Conditions:

1. The cover for the Insured Member under this Section shall terminate immediately once a claim is admitted and paid under the **Hazardous or Adventure Sports cover** for “Death” or “Permanent Total Disablement”.
2. Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against the respective Sections.
3. We will not pay any claim under this Cover, whilst You are Training for or taking part in sport as a:
 - professional for which You are paid or funded by sponsorship or grant; or
 - as an amateur sports person; or
 - You are not performing the activity under the supervision of a trained professional. The Hazardous or adventure sport service provider must be Government/ Relevant Authority certified.
 - The insured shall be older than 18 years of age and his informed consent must have been taken prior to undertaking the activity. The insured should have been informed of the risks associated with the activity by a professional trainer (employee of service provider) prior to commencement of activity.
 - At the time of claim, the onus shall lie on the Insured to prove that he/she had undertaken all the necessary safety precautions as were recommended to him including the use of protective gear and had followed the trainer’s instructions. The company is at a right to confirm from the service provider the Insured’s participation in this activity and the extent of precautions taken by the insured.
 - The insured shall not be undertaking these activities in case he/she suffers from pre –existing health conditions which may hamper his/her health or lead to potential medical emergencies whilst undertaking these activities.

Specific Exclusions applicable to Section 18 – Hazardous or Adventure Sports:

1. Competing at an international event as a national representative.
2. Participation in any Hazardous or adventure sports, activities where you don't select the appropriate Hazardous or adventure sports level upgrade or where it is specifically excluded (including Special Exclusion (i)-(iv) mentioned in **Annexure B**)
3. You go against local authority warnings or enter closed or restricted areas or places or situations known to be unsafe or dangerous.
4. Damage to any sporting equipment while in use; damage or theft of any sporting equipment left unattended.
5. Racing, except on foot and up to marathon level; participating in speed or time trials.
6. Motorsports – shows, races, competitions or training.
7. For motorised vehicles:
 - a. not wearing a helmet regardless of the local laws; and
 - b. operating any motorised vehicle without a valid licence for the same class of vehicle or watercraft in Your country of residence and as required in the relevant country where you're travelling.
8. Where You don't meet the Special Conditions (a)-(e) (mentioned in **Annexure B**) as specified in the list of the Special Conditions applicable to Hazardous or Adventure Sports Cover.
 - a. Undertaking or working in any dangerous, extreme or hazardous activities, and/or participating in any sports or activities in hazardous locations, such as for example: base jumping, wingsuit flying, cliff diving, martial arts competitions, motor sports, piloting an aircraft, stunt flying/aerobatics, rodeo, bull riding/Running of the Bulls;
 - b. taking part in dangerous expeditions; mountaineering expeditions or expeditions to the Arctic, Antarctica or Greenland, unless specifically approved by us;
 - c. crewing of a vessel more than 60 miles from a protected body of water;

- d. work as a guide where ropes or other specialist climbing equipment is required;
- e. work offshore or underground, including in caves;
- f. work operating machinery or heavy/industrial equipment;
- g. work at height without proper safety equipment. Work at height is further restricted to a maximum of two metres;
or
- h. work in close proximity to dangerous animals including, for example, hippopotami, crocodiles, alligators, sharks, elephants, bears, big cats and deadly snakes.

This Cover is subject to terms, conditions, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 19. HIV COVER

If You have opted for this Cover, We will pay You the Sum Insured as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, in case You are first diagnosed to be suffering from an HIV Infection during the Policy Period and provided that HIV Infection is caused by any of the reasons other than Transmission through unprotected sex (Heterosexual, Homosexual or Bisexual).

For the purpose of this cover,

“HIV Infection” means a positive HIV antibody testing (rapid or laboratory-based enzyme immunoassay). This is usually confirmed by a second HIV antibody test (rapid or laboratory-based enzyme immunoassay) relying on different antigens or of different operating characteristics.

and /or;

a positive virological test for HIV or its components (HIV-RNA or HIV-DNA or ultrasensitive HIV p24 antigen) confirmed by a second virological test obtained from a separate determination.

Special Terms and Conditions Applicable to this Section

- a. Coverage under this Section shall terminate in respect of the Insured Member against whom a claim has been accepted. However, the coverage under the Policy for other Sections (if opted) for that Insured Member shall continue under this Policy.
- b. Any Claim with respect to an HIV infection detected, diagnosed or which manifested prior to Policy Start Date or during Initial Waiting Period as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance is excluded from the Scope of the Cover provided under this Section.

SECTION 20. CRITICAL ILLNESS BENEFIT COVER

If You have opted for this Cover, We will pay You the Sum Insured opted by you for as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, in case You are diagnosed as suffering from any of the Critical Illnesses or undergoing covered Surgical Procedures as per the Plan Opted by You and mentioned in Your Policy Schedule/Certificate of Insurance as specified below Provided that,

- a) This Critical illness or covered surgical procedure has happened to you for the first time in Your life and during the Policy Period.
- b) We will not make any payment if You are diagnosed as suffering from Critical Illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Complete Secure Policy” with Us covering Critical Illness benefit.
- c) You survive for a minimum period of at least 30 days from the date of diagnosis of such Critical Illness, unless this condition is specifically waived by Us.
- d) No Claim under this option shall be admissible if the Critical Illness /or covered Surgical Procedure claim is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
- e) Once a claim has been Paid under Critical Illness and / or covered Surgical Procedure, Cover under this Section shall cease and no further payment will be made for any consequent disease or any dependent disease.
- f) The List of Plan wise covered Critical Illness is mentioned in **Annexure C**.

This Cover is subject to terms, conditions, limitations, sum insured basis and exclusions mentioned in the Policy.

SECTION 21. CRITICAL ILLNESS HOSPITALIZATION COVER

If You have opted for this Cover and You are diagnosed as suffering from any of the Critical Illnesses or undergoing covered Surgical Procedures as per the Plan Opted by You and mentioned in Your Policy Schedule/Certificate of Insurance, during the Policy Period, We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible hospitalization claim, up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Provided that,

- a) This Critical illness and/or covered surgical procedure has happened to you for the first time in Your life and during the Policy Period.
- b) We will not make any payment if You are diagnosed as suffering from Critical Illness and hospitalized within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Complete Secure Policy” with us covering critical illness hospitalization.
- c) No Claim under this option shall be admissible if Critical Illness and/or covered Surgical Procedure is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
- d) In this section we will not cover any expense related to Pre-Hospitalization and Post-Hospitalization.
- e) The List of Plan wise covered Critical Illness is mentioned in **Annexure C**.

Accommodation/Room Rent	<p>Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.</p> <p>Note: If You have opted for a Limit on “Accommodation/Room Rent” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables.</p> <p><i>Example, if You have opted a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor’s fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i></p>
ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient’s Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 22. CANCER BENEFIT COVER

If You have opted for this Cover, We will pay You the Sum Insured as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, in case You are diagnosed as suffering from Cancer for Specified Severity for the first time in Your life and during the Policy Period. Provided that,

- a) We will not make any payment if You are diagnosed as suffering from Cancer for Specified Severity within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Complete Secure Policy” with us covering Cancer Benefit.
- b) You survive for a minimum period of at least 30 days from the date of diagnosis of such Cancer for Specified Severity, unless this condition is specifically waived by Us.
- c) No Claim under this option shall be admissible if the Cancer is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
- d) Cover under this Section shall cease upon payment of the compensation on the happening of a Cancer for Specified Severity and no further payment will be made for any consequent disease or any dependent disease.
- e) In case You are a woman and have opted to limit the coverage under this cover only to cancers specific to women, then coverage under this section will be limited only to the diagnosis of Cancers as mentioned in Your Policy Schedule/Certificate of Insurance.

This Cover is subject to terms, conditions, limitations, sum insured basis and exclusions mentioned in the Policy.

SECTION 23. CANCER HOSPITALIZATION COVER

If You have opted for this Cover and You are diagnosed as suffering from Cancer for Specified Severity for the first time in Your life and during the Policy Period , We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by

You in respect of an admissible hospitalization claim for Cancer for Specified Severity up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Provided that,

- a) We will not make any payment if You are diagnosed as suffering from Cancer for Specified Severity and hospitalized within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Complete Secure Policy” with us covering Cancer Hospitalization.
- b) No Claim under this option shall be admissible if Cancer is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
- c) In this section we will not cover any expense related to Pre-Hospitalization and Post-Hospitalization.
- d) In case You are a woman and have opted to limit the coverage under this cover only to cancers specific to women, then coverage under this section will be limited only to the hospitalisation due to women specific cancers as mentioned in Your Policy Schedule/Certificate of Insurance.

Accommodation/Room Rent	<p>Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.</p> <p>Note: If You have opted for a Limit on “Accommodation/Room Rent” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables.</p> <p><i>Example, If You have opted a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor’s fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i></p>
ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient’s Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 24. HEART PROTECT BENEFIT COVER

If You have opted for this Cover, We will pay You the Sum Insured as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, in case You are diagnosed for one of the below heart conditions for the first time in Your life and during the Policy Period:

- i. Myocardial Infarction
- ii. Open Heart Replacement or Repair of Heart Valves
- iii. Surgery to Aorta
- iv. Open Chest CABG

Provided that,

- a. We will not make any payment if You are diagnosed as suffering from Heart condition within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Complete Secure Policy” with us covering “Heart Protect Benefit Cover”.
- b. You survive for a minimum period of at least 30 days from the date of diagnosis of such from Heart condition, unless this condition is specifically waived by Us.
- c. No Claim under this option shall be admissible if the Heart condition is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.

- d. Cover under this Section shall cease upon payment of the compensation on the happening of covered Heart condition and no further payment will be made for any consequent disease or any dependent disease.

This Cover is subject to terms, conditions, limitations, sum insured basis and exclusions mentioned in the Policy.

SECTION 25. HEART PROTECT HOSPITALIZATION COVER

If You have opted for this Cover and You are diagnosed as suffering from below Heart conditions for the first time in Your life and during the Policy Period , We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible hospitalization claim for below Heart conditions up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

- i. Myocardial Infarction
- ii. Open Heart Replacement or Repair of Heart Valves
- iii. Surgery to Aorta
- iv. Open Chest CABG

Provided that,

- a) We will not make any payment if You are diagnosed as suffering from the above listed Heart conditions and hospitalized within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Complete Secure Policy” with us covering “Heart Protect Hospitalization Cover”.
- b) No Claim under this option shall be admissible if Heart conditions is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
- c) In this section we will not cover any expense related to Pre-Hospitalization and Post-Hospitalization.

Accommodation/Room Rent	Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section. Note: If You have opted for a Limit on “ Accommodation/Room Rent ” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables. <i>Example, If You have opted a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor’s fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i>
ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient’s Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 26. ORGAN FAILURE BENEFIT COVER

If You have opted for this Cover, We will pay You the Sum Insured as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, in case You are diagnosed from one of the below organ failure for the first time in Your life and during the Policy Period:

- i. End Stage Lung Failure
- ii. End Stage Liver Failure
- iii. Kidney Failure Requiring Regular Dialysis

Provided that,

- a. We will not make any payment if You are diagnosed as suffering from above listed organ failure within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Complete Secure Policy” with us covering “Organ Failure Benefit Cover”.
- b. You survive for a minimum period of at least 30 days from the date of diagnosis of such organ failure, unless this condition is specifically waived by Us.
- c. No Claim under this option shall be admissible if the organ failure is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
- d. Cover under this Section shall cease upon payment of the compensation on the happening of covered organ failure and no further payment will be made for any consequent disease or any dependent disease.

This Cover is subject to terms, conditions, limitations, sum insured basis and exclusions mentioned in the Policy.

SECTION 27. ORGAN FAILURE HOSPITALIZATION COVER

If You have opted for this Cover and You are diagnosed as suffering from below organ failure for the first time in Your life and during the Policy Period , We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible hospitalization claim for organ failure up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

- i. End Stage Lung Failure
- ii. End Stage Liver Failure
- iii. Kidney Failure Requiring Regular Dialysis

Provided that,

- a. We will not make any payment if You are diagnosed as suffering from the above listed organ failure and hospitalized within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Complete Secure Policy” with us covering “Organ Failure Hospitalization Cover”.
- b. No Claim under this option shall be admissible if organ failure is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
- c. In this section, We will not cover any expense related to Pre-Hospitalization and Post-Hospitalization.
- d. In this section, We will not cover any expense related to organ harvesting.

Accommodation/Room Rent	<p>Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.</p> <p>Note: If You have opted for a Limit on “Accommodation/Room Rent” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables.</p> <p><i>Example, If You have opted a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor’s fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i></p>
ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient’s Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 28. EMI PROTECTION COVER

If You have opted for this Cover and You sustain accidental bodily injury which solely and directly results in Your **“Death”** or **“Permanent Total Disablement”** or **“Permanent Partial Disablement”** within twelve (12) months from the Date of accident or suffer from **“Critical Illness”** or **“Accidental & Illness Hospitalization”** or **“Loss of Employment”** or **“Listed Illness”** as per the contingency opted and mentioned in Your Policy Schedule/Certificate of Insurance against this Section and this completely prevents You from performing each and every duty pertaining to Your employment or occupation mentioned in Your Policy Schedule/Certificate of Insurance for a minimum period of 1 month, We will pay an amount equivalent to Your contribution in EMI of Your Loan from a Financial Institution, up to the Sum Insured and Number of Months opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, provided that:

- a. Satisfactory proof is submitted confirming that **“Permanent Total Disablement”** or **“Permanent Partial Disablement”** or **“Critical Illness”** or **“Accidental & Illness Hospitalization”** or **“Loss of Employment”** or **Listed Illness** has completely prevented You from engaging in Your Employment or Occupation mentioned in Your Policy Schedule/Certificate of Insurance.
- b. We will stop making payments when We are satisfied that You can engage in Your Employment or Occupation again or when We have made payments for a maximum period of months, as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance, beginning from the date You met with the Accidental Bodily Injury or were first Diagnosed with Critical Illness or first underwent Surgical Procedures mentioned under Critical Illness or Hospitalised due to accident or illness or Your loss of employment or You suffer from Listed Illness, whichever is earlier.
- c. The EMI amount would not include any arrears/payment that are overdue and unpaid by the Insured Person prior to the date of accident, due to any reasons whatsoever.
- d. The treatment required by the Insured Person is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner.

Cover under this Section shall cease upon payment of the compensation due to any contingency mentioned above and no further payment will be made for any contingency as mentioned above or any dependent contingency.

For the Purpose of this Cover;

- a. **“Permanent Partial Disablement”** means:
 - Loss of arm at the shoulder joint
 - Loss of leg above centre of the femur
 - Loss of arm to a point above elbow joint
 - Loss of leg up to a point below the femur
 - Loss of arm below elbow joint
 - Loss of hand at the wrist
 - Complete and irrecoverable loss of sight of an eye
 - Loss of leg to a point below the knee
 - Loss of leg up the centre of tibia
 - Loss of foot at the ankle
- b. **“Critical Illness”** shall mean the below listed illnesses that You are diagnosed as suffering from or Surgical Procedures that You are undergoing, for the first time in your life.

Provided that:

1. We will not make any payment if You are diagnosed as suffering from Critical Illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first **“Digit Group Complete Secure Policy”** with Us covering Critical Illness.
 2. You survive for a minimum period of at least 30 days from the date of diagnosis of such Critical Illness, unless this condition is specifically waived by Us.
 3. No Claim under this option shall be admissible if Critical Illness and/or covered Surgical Procedure is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
 4. The List of Plan wise covered Critical Illness is mentioned in **Annexure C**.
- c. **“Accidental and Illness Hospitalization”** means You suffer an Accidental Injury or Illness during the Policy Period that requires Hospitalization as an inpatient.
 1. We will not make any payment if You are diagnosed as suffering from any illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first **“Digit Group Complete Secure Policy”** with us covering **“Accidental and Illness Hospitalization /EMI Protection Cover”**.
 2. This also has a waiting period. Waiting period shall be as per the **“Specific Waiting Period”** Section stated in Your Schedule / Certificate of Insurance against this Cover which shall apply from the date of inception of the first **“Digit Group Complete Secure Policy”** with Us, provided that the Policy has been renewed continuously with Us without break.

- d. **“Loss of Employment”** means You are terminated or dismissed or retrenched from Your Employment, by the Employer during the Policy Period as per the Employer's rules/regulations or executed/ implemented by the Employer in compliance of any laws for the time being in force or any directives by any Public Authority, subject to following exclusions:
1. The Company shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured being attributed to any dishonesty or fraud or poor performance on the part of the Insured or his wilful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured by the employer.
 2. The Company shall not be liable to make any payment under this Policy in connection with or in respect of:
 - a. Self-employed persons;
 - b. Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
 - c. Any voluntary unemployment;
 - d. Unemployment at the time of inception of the Policy Period;
 - e. Unemployment within the number of days (ie. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Complete Secure Policy” with Us covering Loss of Employment.
 3. Any unemployment from a job under which no salary or any remuneration is provided to the Insured.
 4. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority
 5. Any unemployment due to resignation, retirement whether voluntary or otherwise
 6. Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.
 7. If the employment contract and Job Location was outside India.
 8. Any unemployment arising or resulting from the Insured committing any breach of the law with criminal intent.
 9. Any unemployment due to, or arising out of, or directly or indirectly connected with or traceable to, war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, Pandemic or Epidemic as declared by WHO, restraints and detainment of all Heads of State and citizens of whatever nation and of all kinds and acts of terrorism.
 10. Any unemployment directly or indirectly caused by or contributed to by or arising out of usage, consumption or abuse of alcohol and/or drugs.
 11. Any consequential or indirect loss or expenses arising out of or related to unemployment will not be covered.
 12. We will not make any payment if You are diagnosed as suffering from any illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Complete Secure Policy” with us covering **“Loss of Employment/EMI Protection Cover”**.
- e. **“Listed Illness”** means the coverage from following Illness:
1. We will not make any payment if You are diagnosed as suffering from any illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Complete Secure Policy” with us covering **“Listed Illness/EMI Protection Cover”**.

List of Disease/s and/or Conditions:

1. Cholera	2. Amoebiasis	3. Typhoid
4. Viral Hepatitis	5. Tuberculosis	6. Plague
7. Diphtheria	8. Typhus	9. Leptospirosis
10. Dengue	11. Malaria	12. Filariasis
13. Kala Azar	14. Chikungunya	15. Japanese Encephalitis
16. HIV	17. Zika Virus	18. Nipah Virus
19. EBOLA	20. Swine Influenza Virus	21. H1N1 Virus
22. COVID-19	23. SARS	24. MERS

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 29. LOSS OF EMPLOYMENT

If You have opted for this Cover and You are terminated or dismissed or retrenched from Your Employment, by the Employer during the Policy Period as per the Employer's rules/regulations or executed/ implemented by the Employer in compliance of any laws for the time being in force or any directives by any Public Authority, We will pay on any one of the following Basis Opted by You at Policy Inception and mentioned in Your Policy Schedule/Certificate of Insurance:

Basis 1:

- a. An amount equal to the EMI payable monthly as mentioned in Your Policy Schedule/Certificate of Insurance. Or
- b. 70% of Net Monthly Salary (Take home salary) after deduction of income tax, professional tax, PF Contributions, Bonuses / One-time Variable Pay, Any other deductions, and any reimbursements from the monthly pay slips. For the calculation of Monthly Take home salary, we shall consider the last three months monthly average salary subject to all deductions mentioned above.

The Claim Payable under this Basis shall be restricted to number of months as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance and shall be lower of Point a. and b. above. However, if the number of Outstanding EMI remaining in Your Loan Repayment Schedule, post the commencement of the claim payable under this Section is less than the number months as opted by You, then We shall be restricting our payments to the number of EMI remaining for the related loan.

Basis 2:

- a. Fixed Amount Per Month as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance.
- b. Or 70% of Net Monthly Salary (Take home salary) after deduction of income tax, professional tax, PF Contributions, Bonuses / One-time Variable Pay, Any other deductions, and any reimbursements from the monthly pay slips. For the calculation of Monthly Take home salary, we shall consider the last three months monthly average salary subject to all deductions mentioned above.

The Claim payable under this Basis shall be restricted to number of months as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance and shall be lower of Point a. and b. above.

Specific Exclusions Applicable to this Section

1. The Company shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured being attributed to any dishonesty or fraud or poor performance on the part of the Insured or his wilful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured by the employer.
2. The Company shall not be liable to make any payment under this Policy in connection with or in respect of:
 - a. Self-employed persons;
 - b. Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
 - c. Any voluntary unemployment;
 - d. Unemployment at the time of inception of the Policy Period;
3. Any unemployment from a job under which no salary or any remuneration is provided to the Insured
4. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority
5. Any unemployment due to resignation, retirement whether voluntary or otherwise
6. Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.
7. If the employment contract and Job Location was outside India.
8. Any unemployment rising or resulting from the Insured committing any breach of the law with criminal intent.
9. Any unemployment due to, or arising out of, or directly or indirectly connected with or traceable to, war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all Heads of State and citizens of whatever nation and of all kinds and acts of terrorism.
10. Any unemployment directly or indirectly caused by or contributed to by or arising out of usage, consumption or abuse of alcohol and/or drugs.
11. Any consequential or indirect loss or expenses arising out of or related to unemployment.

Special Terms and Conditions Applicable to this Section**a) Re Employment**

In the event insured gets re-employed but with reduced monthly take home salary. The Company shall pay the 70% of difference between the reduced monthly take home salary and monthly take home salary prior to the insured event, subject to the maximum of the EMI amount and shall be restricted to number of months as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance.

The Claim payable under this policy shall continue to be paid in reduced proportion as per the calculation method above, even if reemployment takes place during the period of severance pay, or during deferred period of 30 days or even after the Claim payable has commenced.

b) Initial Waiting Period

Any claim shall not be Payable under this policy, if the Insured event triggers within number of days specified in the Policy Schedule/Certificate of Insurance from the risk inception date of Your policy or inception of the first "Digit Group Complete Secure Policy" with Us whichever is earlier.

Waiting Periods before the Benefit payment starts after an Insured Event

- a. If the Employer pays any severance pay Benefit, then the claim payable under this section shall start only after the time period for which severance pay is applicable. For the calculation of "Time Period" for which severance pay shall be applicable, the company shall consider the Severance pay paid by the Employer divided by the monthly take home salary to consider the amount of period for which severance pay shall be applicable.

- b. In addition to the point a. above, there will be a further waiting period of one month that shall be applicable before the claim payable under this policy Commences.

In the event, if the Insured has started working again during the waiting periods applicable above, this claim shall only be payable as per the reduced formulae as mentioned in “Re Employment” section above.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 30: HOSPITALIZATION COVER

A. ACCIDENTAL HOSPITALIZATION COVER

If You have opted for this Cover and You suffer an Accidental Injury during the Policy Period that requires Hospitalization as an inpatient, we'll be there for you. We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible claim. The claim can be made under the following benefits and up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Accommodation/Room Rent	Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule/ Certificate of Insurance against this Cover. Note: If You have opted for a Limit on “ Accommodation/Room Rent ” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables, unless this condition is specifically waived off by Us and mentioned in Your Policy Schedule/Certificate of Insurance. <i>Example, if there is a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor's fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i>
ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient's Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

A1. Day Care Procedures

If You suffer an Accidental Injury during the Policy Period, due to which You need to undergo medical treatment and/or surgical procedure as an inpatient under General or Local Anaesthesia in a hospital/day care centre for a stay less than 24 hour because of technological advancement, We will pay the Medical Expenses Incurred for such Day Care Procedures.

Treatment normally taken on an out-patient basis is not included in the scope of this Cover.

A2. Pre-Hospitalization Expenses

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover, prior to the date of Your admission in a hospital, provided that:

- a) Such Expenses recommended by the Hospital/Medical Practitioner were in fact incurred for the same condition for which Your Subsequent Hospitalization was required.
- b) We have accepted an Inpatient Accidental Hospitalization Claim under **Section 30.A. Accidental Hospitalization Cover** of this Policy.

A3. Post-Hospitalization Expenses

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover, from the date of Your Discharge from the hospital, provided that:

- a) The expenses are recommended by the Hospital/Medical Practitioner and are for the same condition for which you were hospitalized.
- b) We have accepted an Inpatient Accidental Hospitalization Claim under **Section 30. A. Accidental Hospitalization Cover** of this Policy.

Instead, You may also choose to opt for a onetime lumpsum benefit, which shall be a percentage of the claim amount approved under **Section 30.A. Accidental Hospitalization Cover** towards Post Hospitalization Expenses, after Your discharge from the Hospital. This percentage is mentioned in Your Policy Schedule/Certificate of Insurance.

If we have paid a lump sum amount, then You won't be eligible for any other payment under this benefit for that particular Hospitalization.

A4. Dental Treatment

We will pay for the medical expenses incurred by You for any necessary Dental Treatment needed after an accident. A claim here is valid if the accident resulted in an admissible inpatient Hospitalization Claim under **Section 30. A. Accidental Hospitalization Cover**.

A5. Road Ambulance

We will pay for the expenses incurred on Your road transportation by a Healthcare or an Ambulance Service Provider to a Hospital for treatment following an Emergency arising out of an Accident, provided that:

- a) We have accepted a claim under **Section 30. A. Accidental Hospitalization Cover**.
- b) The maximum liability per Hospitalization is restricted to the amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.
- c) The Coverage also Includes Your cost of road Transportation from a Hospital to another nearest Hospital which is prepared to admit You and provide the necessary medical services, if such medical services cannot satisfactorily be provided at a Hospital where You are situated. Such road Transportation has to be prescribed by a Medical Practitioner and/or should be Medically Necessary.

A6. Second Medical Opinion

We shall arrange and bear the cost for Second Opinion from our panel of Medical Practitioners. This is for times when there has been a major accidental injury that requires your hospitalisation in a tertiary care facility during the Policy Period, provided that:

1. We have received Your request to arrange for a Second Opinion.
2. You have the option to choose any One of Our Panel Medical Practitioners.
3. We will not provide more than one Opinion for the same Medical Condition within a Policy Period.

All the above Covers are Subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

B. ACCIDENTAL & ILLNESS HOSPITALIZATION COVER

If You have opted for this Cover and You suffer an Accidental Injury or Illness during the Policy Period that requires Hospitalization as an inpatient, We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible claim. The claim can be made under the following benefits and up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Accommodation/Room Rent	<p>Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.</p> <p>Note: If You have opted for a Limit on "Accommodation/Room Rent" and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables, unless this condition is specifically waived off and mentioned in Your Policy Schedule/Certificate of Insurance.</p> <p><i>Example, if there is a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor's fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i></p>
ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.

Medication	Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient's Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

B1. Day Care Procedures

If You suffer an Accidental Injury or Illness during the Policy Period, due to which You need to undergo medical treatment and/or surgical procedure as an inpatient under General or Local Anaesthesia in a hospital/day care centre for stay less than 24 hrs because of technological advancement, We will pay the Medial Expenses Incurred for such Day Care Procedure. Treatment normally taken on an out-patient basis is not included in the scope of this Cover.

B2. Pre-Hospitalization Expenses

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover, prior to the date of Your admission in a hospital, provided that:

- a) Such Expenses recommended by the Hospital/Medical Practitioner were in fact incurred for the same condition for which Your Subsequent Hospitalization was required.
- b) We have accepted an Inpatient Hospitalization Claim under **Section 30.B. Accidental & Illness Hospitalization Cover** of this Policy.

B3. Post-Hospitalization Expenses

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover, from the date of Your Discharge from the hospital, provided that:

- a) The expenses are recommended by the Hospital/Medical Practitioner and are for the same condition for which you were hospitalized.
- b) We have accepted an Inpatient Hospitalization Claim under **Section 30.B. Accidental & Illness Hospitalization Cover** of this Policy.

Instead, You may also choose to opt for a onetime lumpsum which shall be a percentage of the claim amount approved under **Section 30.B. Accidental & Illness Hospitalization Cover** towards Post Hospitalization Expenses, after Your discharge from the Hospital. This percentage is mentioned in Your Policy Schedule/Certificate of Insurance.

If we have paid a lump sum amount, then You won't be eligible for any other payment under this benefit for that particular Hospitalization.

B4. Dental Treatment

We will pay for the Medical Expenses incurred in respect of any necessary Dental Treatment from a dentist provided the Dental Treatment is required as a result of an Accident that results in an admissible inpatient Hospitalization Claim under **Section 30. B. Accidental & Illness Hospitalization Cover**.

B5. Road Ambulance

We will pay for the expenses incurred on Your road transportation by a Healthcare or an Ambulance Service Provider to a Hospital for treatment following an Emergency, provided that:

- a) We have accepted a claim under **Section 30. B. Accidental & Illness Hospitalization Cover**.
- b) The maximum liability per Hospitalization is restricted to the amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.
- c) The Coverage also Includes Your cost of road Transportation from a Hospital to another nearest Hospital which is prepared to admit You and provide the necessary medical services, if such medical services cannot satisfactorily be provided at a Hospital where You are situated. Such road Transportation has to be prescribed by a Medical Practitioner and/or should be Medically Necessary.

B6. Bariatric Surgery Cover

If You are hospitalized for a Bariatric Surgery which is medically necessary, on the advice of a Medical Practitioner, we cover the related Medical Expenses subject to the following conditions:

- a) The Insured Person undergoing the surgery is minimum 18 Years old.

- b) The Medical Practitioner / Bariatric Surgeon confirms that Your Existing Body Mass Index (BMI) and health conditions fall within the below qualification requirements for Bariatric Surgery:
- Class III Obesity (extreme obesity)- [Body Mass Index (BMI) \geq 40 kg/m²];
 - Class II Obesity- (Body Mass Index (BMI) 35-39.9 kg/m²) along with any of the following co-morbidities:
 - Uncontrolled Diabetes Mellitus
 - Cardiovascular Disease
 - History of Coronary Artery Disease with a surgical intervention such as Cardiopulmonary Bypass or Percutaneous Transluminal Coronary Angioplasty;
 - Cardiopulmonary Problems as a result of another disease process, including, though not limited to, a documented severe obstructive sleep apnea (OSA), confirmed on polysomnography.
- c) A claim under this cover is acceptable *only* if it is under any of the below procedures:
- Gastric Bypass-
 - The Roux-en-Y Gastric Bypass
 - Biliopancreatic Diversion with or without Duodenal Switch (BPD/DS) Gastric Bypass
 - Sleeve Gastrectomy
 - Laparoscopic Gastric Banding
- d) This particular cover has a waiting period. Waiting period shall be as per the “**Specific Waiting Period**” Section stated in Your Schedule / Certificate of Insurance against this Section which shall apply from the date of inception of the first “Digit Group Complete Secure Policy” with Us, provided that the Policy has been renewed continuously with Us without break with Bariatric Surgery Cover as a benefit since inception of the first “Digit Group Complete Secure Policy” .
- e) If you are porting an existing policy under Portability Guidelines, from some other General or Health Insurance Company where this cover was not there or if you are adding this cover while renewing our health policy, a fresh waiting period as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance will be applied.
- f) Confirmation from Medical Practitioner / Bariatric Surgeon that the Bariatric Surgery is not for a specific correctable cause for treating obesity.
- g) And we would need a documented detailed history of your obesity-related health problems, difficulties, and treatment attempts demonstrating that a multidisciplinary approach with dietary, other lifestyle modifications (such as exercise and behavioural modification), and pharmacological therapy, if appropriate, have been unsuccessful, at least for past 6 months.
- h) A prior approval should be taken from us before the Bariatric Surgery is performed.
- i) Our maximum liability under this benefit is restricted to the Limit as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.

Bariatric surgery for the following reasons is not covered:

- a) For Cosmetic/Aesthetic reasons.
- b) For treating Drug-Induced Obesity, for Severe Untreated Hormonal Imbalance, Psychiatric and Eating Disorders-Induced Obesity.

B7. Psychiatric illness Cover

Psychiatric Illness is covered upto the Sum Insured available under **30 B. Accidental & Illness Hospitalization Cover**. However, if You have opted for this cover, We will pay up to the Limit mentioned in Your Policy Schedule / Certificate of Insurance against this Cover for the Medical Expenses, related to Psychiatric Illness which includes, though not limited to, dementia, depression, bipolar disorder, schizophrenia, Anxiety disorders and obsessive-compulsive disorders, provided that:

- a) The first diagnosis and Hospitalization, as an inpatient, was during the Policy Period.
- b) This also has a waiting period. Waiting period shall be as per the “**Specific Waiting Period**” Section stated in Your Schedule / Certificate of Insurance against this Cover which shall apply from the date of inception of the first “Digit Group Complete Secure Policy” with Us, provided that the Policy has been renewed continuously with Us without break, with Psychiatric as a benefit since inception of the first “Digit Group Complete Secure Policy”.
- c) Hospitalization under this benefit shall be subject to prior approval from Us, except in cases of emergencies.

B8. Second Medical Opinion

When it comes to Cancer or any major Illness and You are required to get hospitalized in a tertiary care facility during the Policy Period, We will arrange and bear the cost for a Second Opinion provided that:

1. We have received Your request to arrange for Second Opinion.
2. You have option to choose any one of Our Panel Medical Practitioners.
3. We will not provide more than one Opinion for the same Medical Condition within a Policy Period.

SECTION 31. INFERTILITY TREATMENT COVER

If You have opted for this Cover and if You are hospitalized on the advice of the Medical Practitioner for Infertility/ Subfertility Treatments then We will pay the Medical Expenses including but not limited to, IVF, IUI, ZIFT, ICSI, subject to below conditions:

- a) This will be subject to a waiting period as number of days/ month/years as mentioned in the Policy Schedule which will apply from the date of inception of the first "Digit Group Complete Secure Policy" with Us, provided that the Policy has been renewed continuously with this cover, without a break, with 'Infertility Treatment Cover' as a benefit since inception of the first "Digit Group Complete Secure Policy".
- b) This section will not have a separate sum insured. This will be up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against **Section 30.B. Accidental & Illness Hospitalization Cover**. Further, Our maximum liability per Hospitalization shall be restricted to the limits as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- c) The benefit is payable only once to an Insured Person during the Policy Tenure, unless specifically waived by Us and mentioned in the **Policy Schedule / Certificate of Insurance**.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 32. ORGAN DONOR

If You have opted for this Cover, We will pay You for the Medical Expenses incurred towards harvesting of the donated organ subject to following conditions:

- a) This section will not have a separate sum insured. This will be up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover**. Further, Our maximum liability per Hospitalization shall be restricted to the limits as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- b) There are strict guidelines when it comes to organ transplantation, therefore the organ donor whose organ has been made available should be in accordance and in compliance with the Transplantation of Human Organs Act 1994 (as amended) and the organ is donated for Your use only for a claim to be admissible in this section.
- c) We will pay the donor's Pre and Post Hospitalization expenses. This is up to 5% of the claim amount approved in respect of harvesting expenses.
- d) We will not pay any other medical treatment for the donor consequent on the harvesting.
- e) This also has a waiting period. Waiting period shall be as per the "**Specific Waiting Period**" Section stated in Your Schedule / Certificate of Insurance against this Section which shall apply from the date of inception of the first "Digit Group Complete Secure Policy" with Us, provided that the Policy has been renewed continuously with Us without break, with ORGAN DONOR Cover as a benefit since inception of the first "Digit Group Complete Secure Policy".

Provided that, We have accepted a claim under **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover**.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 33. ALTERNATE TREATMENT (AYUSH) COVER (Mandatory In-Built cover in Section-30 Hospitalization Cover)

We will pay the Medical Expenses for Your In-patient Treatment, taken under Ayurveda, Unani, Siddha or Homeopathy. This section will not have a separate sum insured, it will be up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover**. Further, Our maximum liability per Hospitalization shall be restricted to the limits as mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This is paid provided that treatment has been undergone in Ayush Hospital.

You should also be aware what We won't pay for:

- a) Outpatient Medical Expenses.
- b) All Preventive and Rejuvenation Treatments (non-curative in nature) including, without limitation, treatments that are not Medically Necessary.

Specific Conditions applicable to this cover:

Claim will be payable under this section only if AYUSH Hospitals and AYUSH Day Care Centres have obtained pre-entry level certificate (or higher level of certificate) issued by National Accreditation Board for Hospitals and Healthcare Providers (NABH) or State Level Certificate (or higher level of certificate) under National Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC).

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 34. EMERGENCY AIR AMBULANCE

If You have opted for this Cover, We will pay You the expenses incurred for Your transportation in an airplane or helicopter for emergency life threatening health conditions which requires immediate and rapid ambulance transportation to the nearest hospital.

This transportation will be from the location where the illness /accident happened the first time and provided that such Transportation in an airplane or helicopter has been prescribed by a Medical Practitioner and/or is Medically Necessary.

This section will not have a separate sum insured, it will be up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover**. Further, Our maximum liability per Hospitalization shall be restricted to the limits as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Provided that, We have accepted a claim under **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover**.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 35. LONG HOSPITALIZATION CASH BENEFIT

If You have opted for this Cover and You are Hospitalized for a minimum number of consecutive days as Opted by You and mentioned in the Policy Schedule / Certificate of Insurance against this Section, We will give you a lump sum amount as mentioned in the Policy Schedule / Certificate of Insurance. Provided that:

- a) We have accepted a claim under **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover**, and
- b) The benefit is payable only once to an Insured Person during the Policy Year.

For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be a day.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 36. MATERNITY & NEWBORN BABY COVER

A. MATERNITY COVER

If You have opted for this Cover, We will pay the Maternity Expenses incurred towards the delivery of a baby and/or treatment related to any complication of pregnancy or medically necessary termination. This is up to the Sum Insured opted by You and as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, during the Policy Period provided that:

- a) Expenses incurred towards your normal delivery and caesarean delivery will be as per the amount opted by You and as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- b) Female Insured Person's legally married spouse is also covered under this Policy, unless specifically waived by Us.
- c) This also has a waiting period. Waiting period as opted by you and mentioned in your Policy Schedule / Certificate of Insurance shall apply from the date of inception of the first "Digit Group Complete Secure Policy" with us, provided that the policy has been renewed continuously with us without break, with maternity as a benefit.
- d) If you are porting an existing policy under Portability Guidelines, from some other General or Health insurance company where this cover was not there or if you are adding this cover while renewing our health policy, a fresh waiting period as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance will be applied.
- e) The maternity benefit is limited to cover up to two living children. However, there is no restriction on the number of medically necessary and lawful termination of pregnancies.
- f) If on renewal without any break in coverage, the sum insured is increased, there is a fresh waiting period as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance applied to the increased part of the Sum Insured. Any complications arising out of or as a consequence of maternity/childbirth will also be covered within the limit of Sum Insured, available under this benefit.

We shall not pay for the following under this Section:

- a) Expenses for the harvesting and storage of stem cells when carried out as a preventive measure against possible future illness.
- b) Medical Expenses for Ectopic Pregnancy will be covered under **Section 30.B. In-patient Accidental & Medical Treatment** and not under the Maternity Benefit.
- c) Pre-natal and Post-natal Medical Expenses are not covered unless leading to Your Hospitalization.

B. NEW BORN BABY COVER

If You have opted for this Cover, we will pay the Medical Expenses, within the limit of the Sum Insured available under the **Section 36. Maternity & Newborn Baby Cover** of the Policy, provided that We have accepted a claim under **Section 36. A. Maternity Cover**, incurred towards:

- a) The medical treatment of the Insured Person's Newborn Baby while the Insured Person is hospitalised as an inpatient for delivery.
- b) The Newborn Baby's hospitalisation charges as a result of any medical complications, up to 90 Days from the date of delivery.
- c) Reasonable and Customary Charges for the Vaccinations of the Newborn Baby as per National Immunization Schedule as defined by Government of India, up to 90 Days from the date of delivery. However, once the New Born Baby is

added as an Insured Person under the Policy, We will pay the Reasonable and Customary Charges for the Vaccinations of the New Born Baby as per National Immunization Schedule as defined by Government of India until the New Born Baby attains 5 Years of age, provided that the Policy is continuously renewed with Us without break and with **Maternity and New Born Baby Cover** as a benefit since inception of the first "Digit Group Complete Secure Policy".

- d) If the Policy Expires before 90 days from the date of delivery, the Newborn Baby will be covered only if the Policy is Renewed with the New Born Baby as an Insured Person. This is subject to our underwriting policy and payment of any additional premium.
- e) After 90 Days from the date of delivery, the Newborn Baby will be covered under the existing Policy only if it is Endorsed with the New Born Baby as an Insured Person. This is subject to our underwriting policy and payment of the Pro-Rata Additional Premium, for the balance period.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 37. HOME (DOMICILIARY) HOSPITALIZATION

If You have opted for this Cover, We will pay the Medial Expenses incurred by You for any illness or Injury requiring medical treatment taken at home, which would otherwise have required Hospitalization, provided that:

- a) The condition of the patient is such that s/he is not in a condition to be moved to a Hospital or
- b) The patient takes treatment at home on account of non-availability of room in a Hospital, and
- c) The condition for which the medical treatment is required continues for at least 3 days, in which case We will pay the reasonable charge of any necessary medical treatment for the entire period
- d) No Payment will be made if the condition for which You require medical treatment is due to:
Asthma, Bronchitis, Tonsillitis, Upper Respiratory Tract Infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza, Arthritis, Gout and Rheumatism, Chronic Nephritis and Nephritic Syndrome, Diarrhoea and all types of Dysenteries including Gastroenteritis, Diabetes Mellitus and Insipidus, Epilepsy, Hypertension, Psychiatric or Psychosomatic Disorders of all kinds, Pyrexia of unknown Origin.
- e) This section will not have a separate sum insured, it will be subject to availability of the sum insured under **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover**. Further, Our maximum liability per Hospitalization shall be restricted to the limits as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 38. SUM INSURED REFILL BENEFIT

If you have opted for this Cover, We will refill 100% of the Sum Insured specified and utilized under **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover** for that particular Policy Period, provided that:

- a) The refilled Sum Insured would be utilized if the cause of the Hospitalization is related or not related (as opted by You as mentioned in Your Policy Schedule / Certificate of Insurance against this Section) to or arising out of earlier Hospitalization, including its complications, for which a claim has already been availed during the same policy year for the same Insured Person.
- b) In case of related Hospitalization cooling off period of 45 days will be applicable.
- c) If the first claim amount exceeds the Sum Insured under **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover**, the refilled Sum Insured will not be applicable for the same hospitalisation.
- d) After the refill, the maximum amount payable for any single claim will not exceed the Sum Insured mentioned under **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover**.
- e) The number of times this benefit may be availed shall be as per the limit mentioned in Your Policy Schedule / Certificate of Insurance against this Section during each Policy Period.
- f) In case of Floater Policy, the refilled Sum Insured will be applicable on family floater basis.
- g) For this benefit sum Insured can only be utilized for hospitalization in India only.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 39. OUT-PATIENT (OPD) BENEFIT

If You have opted for this Cover, We will pay the Reasonable and Customary Charges for below mentioned expenses incurred by You as an Allopathic Out-patient. The maximum claim payable under each sub -section under this cover shall be subject to the limits specified against the respective sub-sections and Sum Insured mentioned in **Policy Schedule/Certificate of Insurance** against this section. Benefit under this section should be provided through **Network Facilitator** as mentioned in Policy Schedule/Certificate of Insurance.

39.1. OPD Doctor Consultations –

If **You** have opted for this sub-section and suffer from an **Accidental Injury** or **Illness** during the **Policy Period**, We will indemnify **You** for the expenses incurred for the following options, upto the **Sum Insured** as mentioned in the **Policy Schedule/Certificate of Insurance**.

39.1.1. Physical General Consultation	Out-Patient allopathic physical consultations from a General Medical Practitioner(s) , subject to the number of consultations, per consultation limit and other terms as mentioned in the Policy Schedule/Certificate of Insurance against this option.
39.1.2. Physical Specialist Consultation	Out-Patient allopathic physical consultations from a Specialist Medical Practitioner(s) , subject to the number of consultations, per consultation limit and other terms as mentioned in the Policy Schedule/Certificate of Insurance against this option.
39.1.3. Telephonic/ Virtual General Consultations	Out-Patient allopathic telephonic/ virtual consultations from a General Medical Practitioner(s) , subject to the number of consultations, per consultation limit and other terms as mentioned in the Policy Schedule/Certificate of Insurance against this option.
39.1.4. Telephonic/ Virtual Specialist Consultations	Out-Patient allopathic telephonic/ virtual consultations from a Specialist Medical Practitioner(s) , subject to the number of consultations, per consultation limit and other terms as mentioned in the Policy Schedule/Certificate of Insurance against this option.

Specific Conditions Applicable to this Sub- section:

- Benefit under this sub-section can be availed through **Network Facilitator** or by **Us**, as specifically mentioned in **Policy Schedule/Certificate of Insurance**.
- Benefit under this sub-section will be provided subject to the availability of **General Medical Practitioner(s)** or a **Specialist Medical Practitioner(s)** at the time of appointment.
- Coverage provided under this sub-section will be as per details mentioned in the **Policy Schedule/ Certificate of Insurance**.
- In case of any emergency, Insured Person can take Out-patient consultation from any **Network Facilitator** other than as mentioned in **Policy Schedule/Certificate of Insurance**, provided that **Sum Insured** for emergency cases shall be limited and will be mentioned in **Policy Schedule/Certificate of Insurance**.
- You** can opt for sub-limit of the **Sum Insured** available under the section for **Psychiatric Illness**, upto the percentage as opted by **You** and mentioned in **Policy Schedule/Certificate of Insurance**.

39.2. Lab Test and Diagnostics-

If **You** have opted for this sub-section and suffer from an **Accidental Injury** or **Illness** during the **Policy Period**, We will indemnify **You** for the expenses incurred on Medically Necessary **Out-Patient** diagnostic procedures or lab tests prescribed by **Medical Practitioner(s)** including but not limited to Pathology, Radiology and x-rays to make a diagnosis for treatment, upto the **Sum Insured** as mentioned in **Policy Schedule/Certificate**, subject to the number of procedures or tests, per procedure limit or per tests limit or per prescription limit and other terms, conditions, deductible mentioned in the **Policy Schedule/Certificate of Insurance**.

Specific Conditions Applicable to this Sub-Section

- Benefit under this sub-section can be availed through **Network Facilitator** or by **Us**, as specifically mentioned in **Policy Schedule/Certificate of Insurance**.
- Benefit under this sub-section will be provided subject to the availability of lab/ diagnostic centre at the time of appointment.
- Any Expenses incurred on diagnostic procedure or tests done as a health check-up will be excluded.

Specific exclusion applicable to this sub-section section

- Expenses incurred on diagnostic procedure or tests done as a preventive health check-up.
- Diagnostic procedure or lab test more than INR 3,000 will be excluded, unless specifically waived by **Us** and mentioned in the **Policy Schedule/ Certificate of Insurance**.

39.3. Pharmacy Cover

If **You** have opted for this sub-section and suffer from an **Accidental Injury** or **Illness** during the **Policy Period**, We will indemnify **You** for the expenses incurred on Pharmacy for the following options, upto the **Sum Insured** as mentioned in **Policy Schedule/Certificate of Insurance** for:

39.3.1. Pharmacy exactly as per prescription	Pharmacy exactly as per prescription of Medical Practitioner, upto the Sum Insured as mentioned in Policy Schedule/Certificate .
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39.3.2. Generic Form of Pharmacy	Generic form of prescribed Pharmacy, upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance.
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Specific Conditions Applicable to this Sub-Section

- a. Benefit under this section can be availed through **Network Facilitator** or by **Us**, as specifically mentioned in **Policy Schedule/Certificate of Insurance**.
- b. Benefit under this sub-section will be provided subject to the availability of **Pharmacy** at the time of purchasing it.
- c. Coverage provided under this section will be as per details as mentioned in the **Policy Schedule/ Certificate of Insurance**.

39.4. Out-Patient Dental Treatment

If **You** have opted for this sub-section, **We** will indemnify **You** for the **Out-Patient** Dental treatment expenses for the immediate relief as prescribed by **dentist(s)** for the following as opted mentioned in Policy Schedule/ Certificate of Insurance:

39.4.1. Dental Consultation	If You require dental treatment arising out of an Accidental injury or Illness, We will indemnify for Dental consultations from dentist (s) upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per consultation limit and other terms as mentioned in the Policy Schedule/Certificate of Insurance against this option.
39.4.2. Dental Procedure	If You require dental treatment arising out of an Accidental injury or Illness, We will indemnify for dental procedures including but not limited to Dental X-rays, Extractions, Amalgam or composite fillings, root canal treatments upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of procedures, per procedure limit and other terms as mentioned in the Policy Schedule/Certificate of Insurance against this option.
39.4.3. Pharmacy for Dental treatment	If You require dental treatment arising out of an Accidental injury or Illness, We will indemnify for the Pharmacy for the dental treatment upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the terms, conditions as mentioned in the Policy Schedule/Certificate of Insurance against this option.
39.4.4. Cosmetic Dental Treatment	Any dental treatment that comprises cosmetic surgery, scaling and polishing, dentures, dental prosthesis, dental implants, orthodontics, teeth alignment , orthognathic surgery, jaw alignment or treatment for temporomandibular (jaw), or upper and lower jawbone surgery and surgery related to the temporomandibular (jaw) upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of sittings, per sitting limit and other terms as mentioned in the Policy Schedule/Certificate of Insurance against this option.

Specific Conditions Applicable to this sub-section:

- a. Benefit under this section can be availed through **Network Facilitator** or by **Us**, as specifically mentioned in **Policy Schedule/Certificate of Insurance**.
- b. Benefit under this section will be provided subject to the availability of **dentist(s)** at the time of appointment.
- c. Coverage provided under this section will be as per subsection(s) details as mentioned in the **Policy Schedule/ Certificate of Insurance**.
- d. If **You** have opted for this Section, point no. 8 “Cosmetic or plastic Surgery: Code- Excl08” and point no. 43 “Dental Treatment” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

39.5 Ophthalmic Treatment Expenses

If You have opted for this sub-section, We will indemnify You for the medical expenses incurred for Ophthalmic Treatment prescribed by Ophthalmologist(s) / Specialist Medical Practitioner(s) for the following as opted mentioned in Policy Schedule/Certificate of Insurance:

39.5.1. Eye Examination and Diagnostics	If You require for Ophthalmic Treatment arising out of an Accidental injury or Illness, We will indemnify for the Eye examinations and diagnostics up to the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of examinations/diagnostics, per examination/diagnostic limit and other terms as mentioned in the Policy Schedule/Certificate of Insurance against this option.
39.5.2. Pharmacy for Eye treatment	If You require for Ophthalmic Treatment arising out of an Accidental injury or Illness, We will indemnify for the Pharmacy related to Ophthalmic treatment up to the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the terms, as mentioned in the Policy Schedule/Certificate of Insurance against this option.
39.5.3. Eyewear Expenses	Any expenses related to eyewear including but not limited to contact lenses/spectacles/sunglasses upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of eyewear, Per eyewear limit, and other terms as mentioned in the Policy Schedule/Certificate of Insurance against this option.

Specific Conditions Applicable to this sub-section:

- a. Benefit under this sub-section can be availed through **Network Facilitator** or by **Us**, as specifically mentioned in **Policy Schedule/Certificate of Insurance**.
- b. Benefit under this sub-section will be provided subject to the availability of **Ophthalmologist(s)** at the time of appointment.
- c. Coverage provided under this sub-section will be as per details mentioned in the **Policy Schedule/ Certificate of Insurance**.
- d. If **You** have opted for this Section, point no. 34 "Spectacles, Hearing aids & other Expenses" and 40 "Ear, Eyesight & Optical Services" as provided under "D – Exclusions" shall be deleted to the extent of coverage provided under this section.

Exclusion Applicable to this Section

- 1. Any Inpatient Treatment requiring **Hospitalization** and/ or Day Care Procedures.

This Cover is subject terms, conditions, deductible, limitations, and exclusions mentioned in the Policy.

SECTION 40. ILLNESS COVER

A. Hospitalization Cover

If You have opted for this cover and if You were Hospitalized due to Illness, as an inpatient, during the Policy Period, solely because You were Infected and Tested Positive due to one or more of the below mentioned Disease/s and/or Conditions as opted by You and stated in Your Policy Schedule / Certificate of Insurance, We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You, in respect of an admissible claim. It is important to note that any claim will be paid only in respect of the Disease/s and/or Conditions opted by You and stated in the Your Policy Schedule / Certificate of Insurance.

This Cover is subject terms, conditions, deductible, limitations, and exclusions mentioned in the Policy.

List of Disease/s and/or Conditions:

1. Cholera	2. Amoebiasis	3. Typhoid
4. Viral Hepatitis	5. Tuberculosis	6. Plague
7. Diphtheria	8. Typhus	9. Leptospirosis
10. Dengue	11. Malaria	12. Filariasis
13. Kala Azar	14. Chikungunya	15. Japanese Encephalitis
16. HIV	17. Zika Virus	18. Nipah Virus
19. EBOLA	20. Swine Influenza Virus	21. H1N1 Virus
22. COVID-19	23. SARS	24. MERS

The claim can be made under the following benefits and up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Accommodation/Room Rent	<p>Hospital accommodation in a ward, shared or private room will be subject to a Daily Limit as opted and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.</p> <p>Note: If there is a Limit on "Accommodation/Room Rent" and the Room Rent Rate exceeds the limits at the time of Hospitalization then our liability will be restricted to the same proportion as the Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables, unless this condition is specifically waived off and mentioned in Your Policy Schedule / Certificate of Insurance.</p> <p><i>Example, if there is a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor's fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i></p>
ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	Drugs, medicines, consumables including disposable kits, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient's Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

Apart from above table, you will also be eligible for following benefits:

A1. Pre-Hospitalization Expenses

We will pay for consultations, investigations and the cost of medicines incurred. This will be paid for a period as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance, prior to the date of Your admission in a hospital, provided that:

- a. Such Expenses recommended by the Hospital/Medical Practitioner were in fact incurred for the same condition for which Your Subsequent Hospitalization was required.
- b. We have accepted a Claim under **Section 40.A. Hospitalization Cover** of this Policy.

A2. Post-Hospitalization Expenses

We will pay for consultations, investigations and the cost of medicines incurred. This will be paid for a period as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance, from the date of Your Discharge from the hospital, provided that:

- a. The expenses are recommended by the Hospital/Medical Practitioner and are for the same condition for which you were hospitalized.
- b. We have accepted an Inpatient Hospitalization Claim under **Section 40. A. Hospitalization Cover** of this Policy.

A3. Road Ambulance

We will pay for the expenses incurred on Your road transportation by a Healthcare or an Ambulance Service Provider to a Hospital for treatment following an Emergency, provided that:

- a. We have accepted a claim under **Section 40. A. Hospitalization Cover**.
- b. The maximum liability per Hospitalization is restricted to amount as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance.
- c. The Coverage also Includes Your cost of road Transportation from a Hospital to another nearest Hospital which is prepared to admit You and provide the necessary medical services, if such medical services cannot satisfactorily be provided at a Hospital where You are situated. Such road Transportation has to be prescribed by a Medical Practitioner and/or should be Medically Necessary.

A4. Second Medical Opinion

If You are required to get hospitalized in a tertiary care facility during the Policy Period, We will arrange and bear the cost for a Second Opinion provided that:

- a. We have received Your request to arrange for Second Opinion.
- b. We will not provide more than one Opinion for the same Medical Condition within a Policy Period.

Medical Practitioner has Certified that You were Infected and Tested Positive due to the Conditions and/ or Disease defined and stated in the Policy Schedule / Certificate of Insurance.

B. Virus Detection and Quarantine Allowance

If You have opted for this Cover; We will pay you following benefits as opted by You and stated in Your Policy Schedule / Certificate of Insurance; subject to You being hospitalised for the minimum number of days as opted by You and stated in Your Policy Schedule / Certificate of Insurance; due to one or more of the below mentioned Disease/s and/or Conditions as opted by You and stated in Your Policy Schedule / Certificate of Insurance. It is important to note that any claim will be paid only in respect of the Virus(es) opted by You and stated in the Your Policy Schedule / Certificate of Insurance subject to Policy Terms & Conditions.

- a) **Full Fixed Benefit:** If the result is positive, we will pay 100% of the Sum insured for the below mentioned Virus(es) as opted by You and stated in the Policy Schedule / Certificate of Insurance. This benefit will be paid only in respect to the Insured Person(s) whose test result are Positive during the Policy Period, provided that, the person(s) claiming has a Certificate from a Registered Medical Practitioner along with a Positive Virology Report from ICMR – National Institute of Virology Pune, India or Any other Laboratory Authorised by ICMR, confirming that the Insured Person(s) has been infected with the Virus(es) as opted and stated in the Policy Schedule / Certificate of Insurance; or
- b) **Part Fixed Benefit:** If the result is negative, we will pay up to the percentage of sum insured as mentioned in the Policy Schedule / Certificate of Insurance. This benefit will be paid to the Insured Person(s) if quarantined, during the Policy Period, in dedicated Government Authorized Hospital for a minimum of 7 or 10 or 14 or 21 consecutive (continuous) days, as opted and stated in the Policy Schedule / Certificate of Insurance, for observation and investigation of the below mentioned Virus(es) and the test results are negative.

Provided always that:

- i. We will not pay for any self-Quarantine in any facility other than Government Authorised Hospital.
- ii. Regardless of one or more claims during the policy period, the maximum amount payable under the policy for all the benefits under this Section put together shall be restricted to the Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance against this Section in respect of the Insured Person(s).

- iii. The Benefit under this Section will cease on payment of 100% of the Sum Insured for the respective Insured Person(s) against whom claim has been paid.
- iv. We will not make any payment if You are diagnosed as suffering from below listed illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Complete Secure Policy” with us covering Illness cover/ Virus Detection and Quarantine Allowance.
- v. This benefit will be paid only once during Policy Period in respect of the Insured Person(s) against whom claim has been admitted.

List of Disease/s and/or Conditions:

1. Cholera	2. Amoebiasis	3. Typhoid
4. Viral Hepatitis	5. Tuberculosis	6. Plague
7. Diphtheria	8. Typhus	9. Leptospirosis
10. Dengue	11. Malaria	12. Filariasis
13. Kala Azar	14. Chikungunya	15. Japanese Encephalitis
16. HIV	17. Zika Virus	18. Nipah Virus
19. EBOLA	20. Swine Influenza Virus	21. H1N1 Virus
22. COVID-19	23. SARS	24. MERS

This Cover is subject terms, conditions, deductible, limitations, and exclusions mentioned in the Policy.

SECTION 41. DAILY CASH BENEFIT

If You have opted for this cover and You are hospitalized as an inpatient during the Policy Period due to one or more of the below mentioned contingencies as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance, we will pay a per day benefit as opted and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

This Benefit will be paid for each and every continuous and completed period of 24 hours of Hospitalisation for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Below are the contingencies, you can opt any one or more than one:

- **Accidental Hospitalization**
- **Accidental & Illness Hospitalization**
- **Critical Illness Hospitalization** as per the plan opted.
- **Maternity**

If You are hospitalised in the **Intensive Care Unit (ICU)** of a Hospital for each continuous and completed period of 24 hours, We will pay an amount equivalent to the percentage of the Daily Cash Allowance as opted by You and mentioned in the Policy Schedule / Certificate of Insurance against this section.

Subject to following conditions,

- a) In case of Individual Sum Insured basis, maximum number of days will be Per Policy Year Per Insured Person and in case of Floater Policy the maximum number of days will be Per Policy Year on Floater Sum Insured basis.
- b) For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be one day.
- c) Payment of claim under this benefit is subject to the **time excess as opted by You** and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- d) This Cover is subject to terms, conditions, limitations, deductible and exclusions mentioned in the Policy.

For the purposes of this cover, contingencies are defined below:

- a) **Accidental Hospitalization:** Daily Cash allowance will be paid under this contingency only if you have been hospitalised due to accidental bodily injury.
- b) **Accidental & Illness Hospitalization**
 - Daily Cash allowance will be paid under this contingency only if you have been hospitalised due to any illness and Accidental bodily injury.
 - We will not make any payment if You are diagnosed as suffering from any illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Complete Secure Policy” with us covering “**Daily Cash Benefit /Accidental & Illness Hospitalization**”.
 - This also has a waiting period. Waiting period shall be as per the “**Specific Waiting Period**” Section stated in Your Schedule / Certificate of Insurance against this Cover which shall apply from the date of inception of the first “Digit Group Complete Secure Policy” with Us, provided that the Policy has been renewed continuously with Us without break.
- c) **Critical Illness Hospitalization**

Critical Illness shall mean the listed illnesses as per the plan opted by You from **Annexure C** that You are diagnosed as suffering from or Surgical Procedures that You are undergoing, for the first time in your life.

Provided that:

- We will not make any payment if You are diagnosed as suffering from Critical Illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first "Digit Group Complete Secure Policy" with Us covering "**Daily Cash Benefit /Critical Illness Hospitalisation**".
- You survive for a minimum period of at least 30 days from the date of diagnosis of such Critical Illness, unless this condition is specifically waived by Us.
- No Claim under this option shall be admissible if Critical Illness and/or covered Surgical Procedure is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
- The List of Plan wise covered Critical Illness is mentioned in **Annexure C**.

d) Maternity

- Daily Cash allowance will be paid under this contingency for the delivery of the Insured Person's child (including caesarean section) or for the Medically necessary and lawful termination of pregnancy.
- For "**Maternity**" contingency "Waiting Period" as mentioned in the Policy Schedule/Certificate of Insurance against this Section is applicable.
- In case of "**Maternity**" opted, "**Exclusion No. 17 Maternity (Exclusions which is applicable)**" of the Policy Wordings stands partially deleted to the extent of the Coverage provided under this Section.

This Cover is subject terms, conditions, deductible, limitations, and exclusions mentioned in the Policy.

SECTION 42. FIXED CASH BENEFIT

If You have opted for this cover and You are hospitalized as an inpatient during the Policy Period due to one or more below mentioned contingencies as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance, we will pay a Fixed Lump Sum Benefit as opted and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

This Benefit will be paid for each and every continuous and completed period of the number of days of Hospitalisation for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Below are the contingencies, you can opt any one or more than one:

- **Accidental Hospitalization**
- **Accidental & Illness Hospitalization**
- **Critical Illness Hospitalization** as per the plan opted.
- **Maternity**

Subject to following conditions,

- a) In case of Individual Sum Insured basis, maximum number of days will be Per Policy Year Per Insured Person and in case of Floater Policy the maximum number of days will be Per Policy Year on Floater Sum Insured basis.
- b) For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be a day.
- c) Payment of claim under this benefit is subject to the **time excess as opted by You** and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- d) This Cover is subject to terms, conditions, limitations, deductible and exclusions mentioned in the Policy.

For the purposes of this cover, contingencies are defined below:

- a) **Accidental Hospitalization:** Fixed lump sum amount will be paid under this contingency only if you have been hospitalised due to accidental bodily injury.
- b) **Accidental & Illness Hospitalization**
 - Fixed lump sum amount will be paid under this contingency only if you have been hospitalised due to any illness and Accidental bodily injury.
 - We will not make any payment if You are diagnosed as suffering from any illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first "Digit Group Complete Secure Policy" with us covering "**Fixed Cash Benefit /Accidental & Illness Hospitalization**".
 - This also has a waiting period. Waiting period shall be as per the "**Specific Waiting Period**" Section stated in Your Schedule / Certificate of Insurance against this Cover which shall apply from the date of inception of the first "Digit Group Complete Secure Policy" with Us, provided that the Policy has been renewed continuously with Us without break".
- c) **Critical Illness Hospitalization**
Critical Illness shall mean the below listed illnesses as per the plan opted by You from **Annexure C** that You are diagnosed as suffering from or Surgical Procedures that You are undergoing, for the first time in your life.
 Provided that:

- We will not make any payment if You are diagnosed as suffering from Critical Illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first "Digit Group Complete Secure Policy" with Us covering "Fixed Cash Benefit /Critical Illness Hospitalisation".
- You survive for a minimum period of at least 30 days from the date of diagnosis of such Critical Illness, unless this condition is specifically waived by Us.
- No Claim under this option shall be admissible if Critical Illness and/or covered Surgical Procedure is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
- The List of Plan wise covered Critical Illness is mentioned in **Annexure C**.

d) Maternity

- Fixed lump sum amount will be paid under this contingency for the delivery of the Insured Person's child (including caesarean section) or for the Medically necessary and lawful termination of pregnancy.
- For "Maternity" contingency "Waiting Period" as mentioned in the Policy Schedule/Certificate of Insurance against this Section is applicable.
- In case of "Maternity" contingency is opted, "Exclusion No. 17 Maternity (Exclusions which is applicable)" of the Policy Wordings stands partially deleted to the extent of the Coverage provided under this Section.

This Cover is subject terms, conditions, deductible, limitations, and exclusions mentioned in the Policy.

SECTION 43. COMPANION BENEFIT CASH ALLOWANCE COVER

If You have opted for this cover, We will pay towards the expenses incurred on one of Your attendants, accompanying You at the Hospital/Nursing Home, in case of Your Hospitalization as an inpatient due to an Accidental bodily Injury and/or Illness during the Policy Period. We will pay You as per the **option opted by You** and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.

The above is provided that:

1. Claim for Hospitalisation in respect of the Insured Person has been admitted,
2. Insured Person's attendant should be his/her spouse, siblings, Children above age of 18 years, parents or parents in law.

1. Per Day Benefit

If You have opted for this option, we will pay a per day benefit amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This will be paid for each continuous and completed period of 24 hours of Insured Person's Hospitalisation arising out of accidental bodily injury and/or illness for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

2. Fixed Lump Sum Benefit

If You have opted for this option, we will pay a Fixed lump sum benefit amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This will be paid for each continuous and completed period of the number of days of Insured Person's Hospitalisation arising out of accidental bodily injury and/or illness for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

A. Conditions Applicable

- a) In case of Individual Sum Insured basis, maximum number of days will be Per Policy Year Per Insured Person and in case of Floater Policy the maximum number of days will be Per Policy Year Per Family on Floater Sum Insured basis.
- b) For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be one day.
- c) Payment of claim under this benefit is subject to the **time excess as opted by You** and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- d) We will not make any payment if You are diagnosed as suffering from any illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first "Digit Group Complete Secure Policy" with us covering "**Companion Benefit Cash Allowance Cover**".
- e) This also has a waiting period. Waiting period shall be as per the "**Specific Waiting Period**" Section stated in Your Schedule / Certificate of Insurance against this Cover which shall apply from the date of inception of the first "Digit Group Complete Secure Policy" with Us, provided that the Policy has been renewed continuously with Us without break".

This Cover is subject to terms, conditions, limitations, deductible and exclusions mentioned in the Policy.

SECTION 44. PARENT ACCOMMODATION CASH ALLOWANCE COVER

If You have opted for this Cover, we will pay towards expenses incurred on accommodation of parents at the Hospital/Nursing Home, in case of Your Hospitalization as an inpatient due to an Accidental bodily Injury and/or Illness during the Policy Period. We will pay You as per the **option Opted by You** and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.

The above is provided that:

1. Claim for Hospitalisation in respect of the Insured Person has been admitted;
2. The Insured Person hospitalized is a Child aged 16 Years or below, unless specifically agreed otherwise and mentioned in Your Policy Schedule / Certificate of Insurance.

1. Per Day Benefit

If You have opted for this option, we will pay a per day benefit amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This will be paid for each continuous and completed period of 24 hours of Insured Person's Hospitalisation arising out of accidental bodily injury or illness for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

2. Fixed Lump Sum Benefit

If You have opted for this option, we will pay a Fixed lump sum benefit amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This will be paid for each continuous and completed period of the number of days of Insured Person's Hospitalisation arising out of accidental bodily injury or illness for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

A. Conditions Applicable:

- a) In case of Individual Sum Insured basis, maximum number of days will be Per Policy Year Per Insured Person and in case of Floater Policy the maximum number of days will be Per Policy Year Per Family on Floater Sum Insured basis.
- b) For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be a day.
- c) Payment of claim under this benefit is subject to the **time excess as opted by You** and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- d) We will not make any payment if You are diagnosed as suffering from any illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first "Digit Group Complete Secure Policy" with us covering "**Parent Accommodation Cash Allowance Cover**".
- e) This also has a waiting period. Waiting period shall be as per the "**Specific Waiting Period**" Section stated in Your Schedule / Certificate of Insurance against this Cover which shall apply from the date of inception of the first "Digit Group Complete Secure Policy" with Us, provided that the Policy has been renewed continuously with Us without break".
- f) This Cover is subject to terms, conditions, limitations, deductible and exclusions mentioned in the Policy.

SECTION 45. LOAN SHIELD

If You have opted for this cover and You suffer

- from any Accidental Injury that occurs during the policy period and that injury solely and directly results in Your "**Death**" or "**Permanent Total Disablement**" or "**Permanent Partial Disablement**" within twelve (12) months from the Date of accident
- or from "**Critical Illness**"

as per the contingency opted and mentioned in Your Policy Schedule/Certificate of Insurance against this Section. We will pay the bank / financial institution as specified in the Policy Schedule/Certificate of Insurance, an amount equal to the Insured Person's Principal Outstanding Amount, subject to this amount not exceeding the Sum Insured specified in the Policy Schedule / Certificate of Insurance, provided that:

1. The **Permanent Total Disability** continues for a period of at least 180 days from the commencement of the **Permanent Total Disability**, and the Disability Certificate issued by the treating Medical Practitioner at the expiry of the 180 days confirms that there is no reasonable medical hope of improvement. It is clarified that this condition is not application for any **Permanent Total Disability** in the nature of a physical separation.
2. If You suffer from Injury and/or illness resulting in more than one of the "**Permanent Total Disabilities**" or "**Permanent Partial Disabilities**" or "**Critical Illness**", then Our maximum, total and cumulative liability under this section shall be limited to the Principal Outstanding Amount, and further subject to such amount not exceeding the Sum Insured mentioned in the Policy Schedule / Certificate of Insurance.
3. Once the total claim amount paid under this section reaches 100% of Sum Insured for an Insured Person, the cover under this section will cease for the remainder of the Policy Period and the Insured Person will not be eligible for this section in any subsequent Policy Years.
4. We shall not be liable to make any payments that are overdue and unpaid by the Insured Person prior to the occurrence of the event giving rise to a claim under this section, and the same shall be deemed as paid by the Insured Person, unless this condition is specifically waived by Us and mentioned in your Policy Schedule/Certificate of Insurance
5. Cover under this Section shall cease upon payment of the compensation on the happening of any contingency mentioned above and no further payment will be made for any contingency as mentioned above or any dependent contingency.

For the Purpose of this Cover;

- a. "**Permanent Partial Disablement**" means:

- Loss of arm at the shoulder joint
 - Loss of leg above centre of the femur
 - Loss of arm to a point above elbow joint
 - Loss of leg up to a point below the femur
 - Loss of arm below elbow joint
 - Loss of hand at the wrist
 - Complete and irrecoverable loss of sight of an eye
 - Loss of leg to a point below the knee
 - Loss of leg up the centre of tibia
 - Loss of foot at the ankle
- b. **“Critical Illness”** shall mean the illnesses that You are diagnosed as suffering from or Surgical Procedures that You are undergoing, for the first time in your life; as per the plan opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section from **Annexure C**.
- Provided that:
1. We will not make any payment if You are diagnosed as suffering from Critical Illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Complete Secure Policy” with Us covering **“Loan Shield/Critical Illness”**.
 2. You survive for a minimum period of at least 30 days from the date of diagnosis of such Critical Illness, unless this condition is specifically waived by Us.
 3. No Claim under this option shall be admissible if Critical Illness and/or covered Surgical Procedure is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
 4. The List of Plan wise covered Critical Illness is mentioned in **Annexure C**.

SECTION 46. LOSS OF PAY

If You have opted for this cover and due to death of Your **immediate family Member** during the Policy Period, You have to take leave without pay from Your employment as You do not have enough accrued leave to cover the absence from the employment, then we will pay the Percentage of Your **net per day salary** as mentioned in Your Policy Schedule/Certificate of Insurance for the period You have taken leave without pay, provided that:

1. taking ‘leave without pay’ without exhausting Your accrued leaves or taking leave from employment where there is no loss of pay will not be covered under this section;
2. maximum number of days for which loss of pay will be available under this section will be as mentioned in Your Policy Schedule/Certificate of Insurance;
3. claim under this section will be payable for number of days You were on leave without pay multiplied by percentage of Your net per day salary.

For Example:

- *Mr. A has net per day salary of INR 1,500.*
- *He has taken ‘leave without pay’ from his employment for 10 days due to reasons admissible under this section.*
- *% of Net Per day Salary as opted under this section is 60%.*
- *Claim payable under this section will be 60% of INR 1,500*10 days ie. INR 9,000.*

Specific Definition applicable to this section

- a. **“Immediate Family Member”** would mean the Insured Person’s spouse, siblings, Children, parents or parents in law.
- b. **“Leave without pay”** means leave or time off from work for the employee’s personal reasons granted by the employer for which period the employee receives no pay.
- c. **“Net Monthly Salary”** (take home salary) will be considered after deduction of income tax, professional tax, PF Contributions, Bonuses / One-time Variable Pay, Any other deductions, and any reimbursements from the monthly pay slips. For the calculation of Monthly Take home salary, we shall consider the last three months monthly average salary subject to all deductions mentioned above.
- d. **“Net Per Day Salary”** shall mean Net Monthly Salary divided by number of days in the month.
For example, Mr. X has Net Monthly Salary as INR 90,000. For the month of September, his Net Per Day Salary will be INR (90,000/ 30) = 3,000.

Specific Conditions Applicable to this section

- a) The Company shall not be liable to make any payment under this Policy in respect Self-employed persons.
- b) The benefit under this section is payable only once to an Insured Person during the Policy Year.
- c) We will not pay any compensation if the Insured Person is on their notice period or under probation period.
- d) We will not pay any claim if any job under which no salary or any remuneration is provided to the Insured.
- e) We will not pay if the employment contract and Job Location was outside India.

- f) Any claim shall not be Payable under this policy, if the Insured event triggers within number of days (Initial Waiting Period) specified in the Policy Schedule/Certificate of Insurance from the risk inception date of Your policy or inception of the first “Digit Group Complete Secure Policy” with Us whichever is earlier.

This Cover is subject to terms, conditions, limitations, deductible and exclusions mentioned in the Policy.

SECTION 47. HEALTH CHECK UP

If You have opted for this Cover, we will indemnify You for health check-up expenses incurred as per following options as opted by You and mentioned in Policy Schedule/Certificate of Insurance.

47.1. Health Check-up from Day 1 of Policy: We will pay the expenses incurred towards cost of health check-up from Day 1 of the Policy and during the policy period up to the Sum Insured limit as mentioned in Policy Schedule/Certificate of Insurance subject to terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance.

47.2. Health Check-up at the end of each block of continuous years: If You have continued Your Policy with Us without any break, then at the end of each block of continuous years as mentioned in Policy Schedule/Certificate of Insurance, We will pay the expenses incurred towards cost of health check-up up to the Sum Insured limit as mentioned in Policy Schedule/Certificate of Insurance subject to terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance.

Specific Conditions Applicable to this section:

- a) This benefit will not be carried forward if not utilized.
- b) Benefit under this section should be provided through Network Facilitator as mentioned in Policy Schedule/Certificate of Insurance.
- c) These services should be provided subject to the availability of lab / diagnostic centre at the time of appointment.
- d) In case of Family Floater policy, Health Check-up Sum Insured as mentioned in Policy Schedule/Certificate of Insurance is the maximum total cost which is available for all insured persons put together.
- e) If You have opted for this Section, point no. 4 “Investigation and Evaluation Code- Excl04” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

SECTION 48. WELLNESS BENEFIT PROGRAM

If You have opted for this Cover, Wellness Benefit Program provides the benefits listed below and shall be available to the Insured Person as mentioned in the Policy Schedule/Certificate of Insurance. Through this Program, We intend to incentivize the Insured Person(s) for taking care of his/her health/fitness and maintaining healthy lifestyle through such preventative and wellness services.

There are total 17 services under Wellness Benefit Program. Services applicable for Your Policy are as shown in Your Policy Schedule / Certificate of Insurance. Only services mentioned in your Policy Schedule/Certificate of Insurance are available for You.

1. Doctor on Call

Upon Your request, We will facilitate an appointment, through Our empanelled Service Provider, with a Medical Practitioner who can help You by providing round-the-clock medical helpline services through an online portal as a chat service, a call back service or a voice call service or a video call service.

2. Wellness Coach

In order to educate, empower and engage You to become more aware of Your health and proactively manage it, We will, through periodic communications like e-mailers, blogs, videos, webinar and online platform provide You information on wellness coaching including but not limited to the areas as provided below:

- a) Weight Management
- b) Activity and Fitness
- c) Nutrition
- d) Tobacco Cessation
- e) Alcohol Abuse de-addiction Program
- f) Information on various diseases
- g) Dietary Plans

3. Lab Services and Imaging (For Diagnostic Services)

Upon Your request, We will facilitate, through Our empanelled Service Provider, Collection of test samples such as blood, urine, stool etc or imaging for further testing and analysis.

The cost of these tests and reports will have to be borne by You.

4. Pharmacy (Home Delivery)

Upon Your request, We will facilitate, through Our Empanelled Service Provider, home delivery of the Medications Prescribed by a Registered Medical Practitioner and nutritional supplement from the nearby Network Pharmacy, subject to copy of prescription being shared (where ever required) and availability of the medication with the Pharmacy.

The cost of the medication will have to be borne by You.

5. Vital/Physical Activity Monitoring Services

Upon Your request, We will facilitate, through Our Empanelled Service Provider, the integration of Your Health Device(s), or Digital Wearables or trackers such as Blood-Pressure Monitors, Glucometers, Wireless Pedometers, heart rate monitors, pulse oximeters, non-invasive wearable blood-sugar sensors, Smart Watches etc. to an online database that will track and assess Your vitals as reported by the device.

It can provide periodic updates and reports of your health status. The cost of the device will have to be borne by You.

6. Reminder Notifications

Upon Your request, We will facilitate, through Our Empanelled Service Provider, routine notification messages via mail or a messaging portal or a follow-up call to You as a reminder to schedule Your medical appointments and/or take daily dosage of Your medicine as per the information shared by You-

7. Medical Wallet

Upon Your request, We will arrange, through Our Empanelled Service Provider, for a medical wallet. This will be a digital cloud service which will allow You to store all Your medical reports online. It will provide easy access of Medical history and reports to the treating Medical Practitioners and to any other person with whom You may share the login and access codes, easing Your need to physically carry documents with You.

8. Report Aggregation

Upon Your request, We will facilitate, through Our Empanelled Service Provider, for regular analysis of Your health status as per the medical records/reports/information or data shared by You. It will highlight your wellbeing or any areas of concern or deterioration in Your health, allowing You to take necessary calls about your health.

9. Home Care Services

Upon Your request, We will facilitate, through Our Empanelled Service Provider, Home Care Services for You in case You are in need of services, including but not limited to the following:

- a. Home Care Nursing
- b. Patient Assistant
- c. Physiotherapy
- d. Yoga Trainer
- e. Psychologist
- f. Palliative Care
- g. Renting Medical equipment. For Example - Wheel-Chair, Patient Bed, Oxygen Cylinder etc.
- h. Doctor Visit
- i. Elderly care and senior living assistance related to their health condition.

The cost of the Services/Equipment will have to be borne by You.

10. Ambulance Arrangement Services

Upon request, We will facilitate, through Our Empanelled Service Provider, ambulance services for Your transportation subject to availability of ambulance in the area where such service needs to be arranged.

The cost of the transportation will have to be borne by You.

11. Pick-up and Drop Services for Consultation

Upon Your request, We will facilitate, through Our Empanelled Service Provider, Pick-up and Drop Service, for Your transportation to the Health Care Facility for treatment/Diagnostics subject to availability of vehicle/taxi in the area where such service needs to be arranged.

The cost of the transportation will have to be borne by You.

12. Prioritizing Appointments

Upon Your request, We will facilitate, through Our Empanelled Service Provider, prioritization of Your appointment, based on the urgency, with the Network Facilitator offering the necessary consultation/treatment/diagnostics/packages/memberships/risk assessment/procedures subject to availability of the service(s). The cost of the Consultancy/Diagnostic will have to be borne by You. These may include the following but not limited to :-

- Doctors' services
- Nursing services
- Dietitian services

13. Mental wellbeing - Upon Your request, We will facilitate, through Our empanelled Service Provider, self-assessments, therapy sessions, activities and educational/awareness blogs, videos and webinars. The cost of these sessions will have to be borne by You.

14. Physiotherapy - Upon Your request, We will facilitate, through Our empanelled Service Provider, consultation and treatment sessions/packages, pain management sessions, ergonomics sessions The cost of these services will have to be borne by You.

15. Childcare/Children's activities - Upon Your request, We will facilitate, through Our empanelled Service Provider, recreational/developmental activities for children of different age groups. The cost of these services will have to be borne by You.

16. Out-Patient (OPD) Services - Upon Your request, We will facilitate, through Our empanelled Service Provider, outpatient care services like doctor consultation, pharmacy and diagnostics, both online and onsite. The cost of these services will have to be borne by You.

17. Fitness – Upon your request, we will facilitate, through our empanelled service provider, access to membership or classes of fitness activities like but not limited to sports, yoga, Zumba, Pilates, dance, fitness coach services at gymnasiums, health studios, fitness centres, sports centres and playgrounds. The cost of these services will have to be borne by You.

Terms and Conditions applicable to Wellness Benefit Program

1. Any Information provided by You shall be kept confidential.
2. For services which are provided through Our Empanelled Service Provider/Medical Experts/Centres, We are acting only as a facilitator, hence We would not be liable for any incremental costs or the services. We will not charge any premium amount for the services. You need to pay directly to the Service Provider/Medical Experts/Centres for the services availed.
3. All medical services are being provided by Empanelled Service Provider/Medical Experts/Centres who are empanelled after full due diligence. Insured Person may however consult their Personal/Family Doctor before availing the medical services. The decisions to utilise the services will solely be at the discretion of the Insured Person.
4. We/Company/Us or its Group Entities, affiliates, officers, employees, agents, are not responsible for or liable for any actions, claims, demands, losses, damages, costs, charges, and expenses which an Insured Person/You may claim to have suffered or sustained or incurred by way of or on account of utilization of any benefits specified herein.
5. This shall not be deemed to substitute the Insured Person's visit or consultation to an Independent Medical Practitioner. The Insured Person is free to choose whether or not to undergo the same and if done whether or not to act on it.
6. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.

CUMULATIVE BONUS

If You've been safe and healthy and have had No Claims made under the **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover** in the expiring Policy Period, You would be eligible for Cumulative Bonus at the time of renewal as mentioned in Your Policy Schedule / Certificate of Insurance, provided that:

1. There is an upper limit to the Cumulative Bonus You can earn. In any Policy period, the accrued Cumulative Bonus (including any carried forward Cumulative Bonuses from the previous policy) shall not exceed the limit mentioned in Your Policy Schedule / Certificate of Insurance.
2. For a Floater Policy, the Cumulative Bonus shall be available only on Floater Basis. It shall accrue only if no claim has been made for any of the Insured Members during the expiring Policy Period.
3. In the event of a claim in the expiring policy period, the Cumulative Bonus will reduce in the same way as it was accrued in the policy at the time of renewal.
4. If You discontinue the Policy or fail to renew the Policy within the Grace Period of 30 days from the due date of renewal, the entire Cumulative Bonus will be lost.
5. The Cumulative Bonus shall be applicable on an annual basis subject to continuation of the Policy with Us.
6. The Cumulative Bonus will be Calculated on the Sum Insured as opted by You under **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover**.

Note: Cumulative bonus opted at the inception of the first "Digit Group Complete Secure Policy" with us can't be changed during the policy period and subsequent renewals.

What are the conditions applicable under Digit Group Complete Secure Policy?

1. Special Conditions Applicable for Policies issued with premium Payment on Instalment basis

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

- i. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.
- ii. During such Grace Period, Coverage will not be available from the instalment premium payment due date till the date of receipt of premium by company.
- iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
- iv. No interest will be charged If the instalment premium is not paid on due date.
- v. In case of instalment premium due not received within the Grace Period the Policy will get Cancelled.
- vi. In case of any admissible claim in a Policy year.
- vii. In the event of a claim, all subsequent premium instalments shall immediately become due and payable
- viii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.
- ix. If the claim amount is equivalent or higher than the balance of the instalment premiums payable in that Policy Year, would be recoverable from the admissible claim amount payable in respect of the Insured Person.
- x. If the claim amount is lesser than the balance premium payable, then no claim would be payable till the applicable premium is recovered.

- xi. Where Premium Payment is on Installment Basis, there will be no refund of premium in case of Policy Cancellation requested by You.

a) Important Note (ECS Or NACH Mode):

1. Installment can also be paid through ECS or NACH mode. In cases where monthly installment is allowed by NACH or ECS mandate, three (3) installments need to be paid at the inception of the Policy, unless this condition is specifically amended by Us.
2. We shall inform You in case of any change either in the terms and conditions of the Policy Contract or in the Premium Rate and afresh ECS authorization needs to be submitted by You.
3. You can withdraw from the ECS mode of payment at least fifteen days prior to the due date of instalment premium payable as per the ECS/NACH mandate form submitted by You, by submitting written communication to Us as well as Your Bank.

2. Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

3. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the company will intimate the insured person about the same 90 days prior to expiry of the Policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period, as per IRDAI guidelines, provided the policy has been maintained without a break.

4. Moratorium Period

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on any grounds of non-disclosure and/or misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.

5. Cancellation

A. Cancellation by You

1. The policyholder may cancel this policy by giving 7 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below
 - a. For Non-Credit Linked Policies which are issued for a period of maximum up to one Year, the below scale mentioned under “**Fixed Sum Insured Basis - Cancellation Scale**” shall be applicable.
 - b. For Credit linked Policies one of the below mentioned scales will be applicable depending on the Sum Insured Basis Opted by You i.e. Fixed Sum Insured or Reducing Sum Insured.
 - c. The refund of premium under the Credit Linked Policies shall be as under:
 - i. In the event of full prepayment of the Loan by the Insured, We shall refund a portion of the premium subject to the terms and conditions of the Policy as per the rates mentioned in the below table.
 - ii. In event of part prepayment of the Loan, no refunds of premium shall be made under this Policy.
 - iii. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured Person under the policy.

Fixed Sum Insured Basis - Cancellation Scale

Period in Risk	Premium Refund based on Policy Term				
	1 Year	2 Year	3 Year	4 Year	5 Year
Within 3 months	60%	60%	60%	60%	60%
Exceeding 3 months but less than 6 months	40%	50%	55%	55%	55%
Exceeding 6 months but less than 9 months	25%	40%	50%	50%	50%
Exceeding 9 months but less than 12 months	0%	35%	45%	45%	50%
Exceeding 12 months but less than 15 months	NA	25%	40%	40%	45%
Exceeding 15 months but less than 18 months	NA	20%	30%	40%	45%
Exceeding 18 months but less than 21 months	NA	10%	25%	35%	40%

Exceeding 21 months but less than 24 months	NA	0%	20%	30%	35%
Exceeding 24 months but less than 27 months	NA	NA	15%	25%	35%
Exceeding 27 months but less than 30 months	NA	NA	10%	25%	30%
Exceeding 30 months but less than 33 months	NA	NA	5%	20%	25%
Exceeding 33 months but less than 36 months	NA	NA	0%	15%	25%
Exceeding 36 months but less than 39 months	NA	NA	NA	10%	20%
Exceeding 39 months but less than 42 months	NA	NA	NA	5%	20%
Exceeding 42 months but less than 45 months	NA	NA	NA	5%	15%
Exceeding 45 months but less than 48 months	NA	NA	NA	0%	10%
Exceeding 48 months but less than 51 months	NA	NA	NA	NA	10%
Exceeding 51 months but less than 54 months	NA	NA	NA	NA	5%
Exceeding 54 months but less than 57 months	NA	NA	NA	NA	0%
Exceeding 57 months	NA	NA	NA	NA	0%

Reducing Sum Insured Basis – Cancellation Scale

Loan Period	Cancellation Year				
	Year 1	Year 2	Year 3	Year 4	Year 5
1	-	-	-	-	-
2	35%	-	-	-	-
3	42%	19%	-	-	-
4	47%	27%	12%	-	-
5	50%	32%	18%	8%	-
6	52%	36%	22%	12%	-
7	53%	38%	25%	14%	-
8	54%	39%	26%	16%	-
9	54%	40%	28%	17%	-
10	55%	41%	28%	17%	-
11	55%	41%	29%	18%	-
12	55%	42%	30%	19%	-
13	55%	42%	30%	19%	-
14	56%	42%	30%	19%	-
15	56%	43%	31%	19%	-
16	56%	43%	31%	20%	-
17	56%	43%	31%	20%	-
18	56%	43%	31%	20%	-
19	56%	43%	31%	20%	-
20	56%	43%	31%	20%	-
21	56%	44%	32%	20%	-
22	56%	44%	32%	20%	-
23	56%	44%	32%	20%	-
24	56%	44%	32%	21%	-
25	56%	44%	32%	21%	-
26	56%	44%	32%	21%	-
27	56%	44%	32%	21%	-
28	56%	44%	32%	21%	-
29	56%	44%	32%	21%	-

30	56%	44%	32%	21%	-
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Note: For Cancellation of Policies opted on Reducing Sum Insured Basis, No Refund will be made during the Last Year of the Policy Term/Period.

B. CANCELLATION BY US

The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

C. IN CASE OF DEATH OF INSURED PERSON

i. Individual Policy

In case, no claim has been made, and termination takes place on account of death of the insured person, We shall refund a portion of the premium as per short term premium mentioned in 8.A, subject to the terms and conditions of the Policy. There will be no change in premium for other family members covered under the policy for the remaining duration of the policy.

ii. Family Floater Policy

In case of death of Insured Family Member, cover shall continue for the remaining family members till the end of Policy Period. Provided no claim has been made, revised premium would be calculated basis new family composition and revised premium would be calculated on short-term basis as per table mentioned in 8.A, subject to the terms and conditions of the Policy. Difference between short-term premium of new family composition with old family composition shall be considered for refund.

Note: Please note KYC documents (Photo ID card) shall be required if the premium refund to the Insured Member exceeds a threshold limit of Rs. 1 Lakhs per premium refund.

What are the exclusions under Digit Group Complete Secure Policy?

We shall not be liable to make any claim payment under this Policy arising out of any of the following unless specifically agreed and mentioned elsewhere in the Policy Schedule/Certificate of Insurance:

I. STANDARD EXCLUSIONS

1. Pre-Existing Diseases - Code- Excl01

- a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of number of months, as opted by You and specified in the Policy Schedule, of continuous coverage after the date of inception of the first policy with insurer.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d. Coverage under the policy after the expiry of number of months, as specified in the Policy Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2. Specified disease/procedure waiting period- Code- Excl02

- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of number of months, as opted by You and specified in the Policy Schedule, of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage
- f. List of specific diseases/procedures
 - 1. Non-infective arthritis, Osteoarthritis and Osteoporosis (if age related), Systemic Connective Tissue disorders, Dorsopathies, Spondylopathies, Inflammatory Polyarthropathies, Arthrosis and Intervertebral disorders (unless due to accident)
 - 2. Pancreatitis, calculus disease of gall bladder/biliary tract and urogenital system, Gastric & Duodenal erosions/ulcers, Varices of GI tract, Cirrhosis of Liver, Rectal prolapse.
 - 3. Cataract (up to the Limit mentioned in Policy Schedule), Glaucoma and Disorder of retina
 - 4. Hyperplasia of Prostate, Urethral strictures, Hydrocele/Varicocele and spermatocele
 - 5. All Abnormal Utero-vaginal bleeding, female genital Prolapse, Endometriosis/Adenomyosis, Fibroids, Ovarian Cyst, Pelvic Inflammatory disease
 - 6. Haemorrhoids, Fissure, Fistula and pilonidal sinus/cyst and fistula.
 - 7. Hernia of all sites,
 - 8. Varicose veins of lower extremities,

9. Disease of middle ear and mastoid including otitis Media, Cholesteatoma, Perforation of Tympanic Membrane, Sinusitis, Tonsillitis, Adenoid hypertrophy, Nasal septum deviation, Turbinate hypertrophy, Nasal polyp, Mastoiditis, Nasal concha bullosa,
10. All internal and external benign or In Situ Neoplasms/Tumours, Cyst, Sinus, Polyp, Nodules, Swelling, Mass or Lump including breast lumps (each of any kind unless malignant),
11. Internal Congenital Anomaly (this will not be applicable to Newborn baby cover),
12. Psychiatric illness and Disorders listed below:

ICD Code	Psychiatric Illness & Disorders
F20-F29	Schizophrenia, schizotypal and delusional disorders
F30-F39	Mood [affective] disorders
F40-F48	Neurotic, stress-related and somatoform disorders
F99-F99	Unspecified mental disorder

13. Neurodegenerative disorders including but not limited to Alzheimer’s disease and Parkinson’s disease

14. Joint Replacement, Bariatric Surgery and Organ Transplant

Any Medical Expenses incurred as a result of Joint Replacement, Bariatric Surgery and Organ Transplant Surgery will be covered subject to a waiting period as opted by You and mentioned in Your Policy Schedule as long as the Insured Person has been insured continuously under the Policy without any break, unless due to an accident.

15. Chronic Kidney disease and failure,
16. Ischemic heart disease and Valvular heart diseases

3. 30-day waiting period/ Initial Waiting Period- Code- Excl03

- a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

However, such waiting Period can be amended to the number of days as opted by you and mentioned in your policy schedule.

4. Investigation & Evaluation- Code- Excl04

- a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded

5. Rest Cure, rehabilitation and respite care- Code- Excl05

- a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs except to the extent covered under **Section 37 Home (Domiciliary)** if opted by You.

6. Obesity/ Weight Control: Code- Excl06

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnoea
 - iv. Uncontrolled Type2 Diabetes

Expenses related to the surgical treatment of obesity/ weight control will only be covered if You have specifically opted for **SECTION 30.B. Accidental & Illness Hospitalization Cover – B6. Bariatric Surgery Cover.**

7. Change-of-Gender treatments: Code- Excl07

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8. Cosmetic or plastic Surgery: Code- Excl08

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

9. Breach of law: Code- Excl10

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

10. Excluded Providers: Code- Excl11

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

11. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12

12. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code- Excl13

13. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code- Excl14

14. Refractive Error: Code- Excl15

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

15. Unproven Treatments: Code- Excl16

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

16. Sterility and Infertility: Code- Excl17

Expenses related to sterility and infertility. This includes:

- i. Any type of contraception, sterilization
- ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- iii. Gestational Surrogacy
- iv. Reversal of sterilization

This exclusion stands deleted to extent of the coverage provided under **SECTION 31. INFERTILITY TREATMENT COVER**, if opted by You.

17. Maternity: Code Excl18

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

This exclusion stands deleted to the extent of the coverage provided under **SECTION 36. MATERNITY COVER & NEWBORN BABY COVER and SECTION 41. DAILY CASH BENEFIT (MATERNITY BENEFIT) & SECTION 42. FIXED CASH BENEFIT (MATERNITY BENEFIT)**, if opted by You.

I. SPECIFIC EXCLUSIONS

18. Artificial Life Maintenance

Artificial Life Maintenance, including life support machine used, where such treatment is used to maintain the Insured/Patient in a vegetative state. However, expenses up to the date of confirmation by the treating doctor that the patient is in vegetative state shall be covered as per the terms and conditions of the Policy.

19. Suicide and Self-Injury

We do not cover treatment directly or indirectly arising from or contributed or aggravated or accelerated by any of the following:

- a. Suicide or attempted suicide, while sane or insane, or due to use, misuse or abuse of narcotic or intoxicating drugs or alcohol or solvent
- b. Intentional self-injury
- c. Participation in any illegal or unlawful or criminal act

20. Cosmetic, Aesthetic and Re-Shaping Treatment & Surgeries

- a. Plastic Surgery or Cosmetic Surgery or Treatments to change Your appearance, unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, Cancer or burns.
- b. Treatment for alopecia, baldness, wigs, or toupees and all treatment related to the same.
- c. Circumcision unless necessary for the treatment of a disease or necessitated by an Accident;
- d. Aesthetic or change-of-life- treatments of any description such as sex transformation operations.

21. Pre-Existing Disability

- a. Any Hospitalization for an existing disability from a previous Accident which has occurred prior to the first of this Policy.
- b. Any additional Hospitalization Expenses not resulting from an accidental Injury.

22. Circumcision, Aesthetic reasons

- a. Circumcision unless necessary for the treatment of a disease or necessitated by an Accident;
- b. Treatment for alopecia, baldness, wigs, or toupees and all treatment related to the same.

c. Aesthetic Surgeries of any description.

23. Hazardous or Adventure sports:

Any accidental bodily injury or expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports as defined in the Policy.

This exclusion will be deleted to the extent of the coverage provided under “Section 18 – Hazardous or Adventure Sports Cover”, provided this section is opted by You.

24. Defence Operation/Aviation Activities

We will not pay any claim under this Policy, arising out of Your

- a. whilst engaging in aviation or whilst mounting into, dismounting from or traveling in any aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world and except to the extent covered under “SECTION 18 – HAZARDOUS OR ADVENTURE SPORTS COVER”, provided this section is opted by you.
- b. whilst the Insured person is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines
- c. Involvement in naval, military, air force operation.

25. External Congenital Anomaly

Screening, Counselling or treatment related to external Congenital Anomaly.

26. Geographical Limits

There are total 48 sections available under the product Digit Group Complete Secure Policy.

Section with Benefits	Geography Coverage
Section 1. Accidental Death	Worldwide
Section 2. Permanent Total Disablement	Worldwide
Section 3. Permanent Partial Disablement	Worldwide
Section 4. Temporary Total Disablement	Worldwide
Section 5. Children Education Benefit	Worldwide
Section 6. Marriage Expense for Children Benefit	Worldwide
Section 7. Orphan Benefit for Children	Worldwide
Section 8. Funeral Expense	Worldwide
Section 9. Transportation Expenses	Within India
Section 10. Trauma Counselling	Within India
Section 11. Coma Benefit Cover	Worldwide
Section 12. Fracture Cover	Worldwide
Section 13. Burns Cover	Worldwide
Section 14. Lifestyle Modification	Worldwide
Section 15. Expense for External Aids and Appliances	Worldwide
Section 16. Compassionate Visit	Worldwide
Section 17. Miscarriage Due to Accidental Injury	Worldwide
Section 18. Hazardous or Adventure Sports Cover	Worldwide/Within India (In case of Hospitalization)
Section 19. HIV Cover	Worldwide
Section 20. Critical Illness Benefit Cover	Worldwide
Section 21. Critical Illness Hospitalization Cover	Within India
Section 22. Cancer Benefit Cover	Worldwide
Section 23. Cancer Hospitalization Cover	Within India
Section 24. Heart Protect Benefit Cover	Worldwide
Section 25. Heart Protect Hospitalization Cover	Within India
Section 26. Organ Failure Benefit Cover	Worldwide
Section 27. Organ Failure Hospitalization Cover	Within India
Section 28 EMI Protection Cover	Worldwide (Claim Payment Can be done only if loan is availed from Indian Financial Institutions in INR)
Section 29. Loss of Employment	Within India
Section 30. Hospitalization Cover	Within India
Section 31. Infertility Treatment Cover	Within India
Section 32. Organ Donor	Within India
Section 33. Alternate Treatment (AYUSH) Cover	Within India

(Mandatory In-Built cover in Section-30 Hospitalization Cover)	
Section 34. Emergency Air Ambulance	Within India
Section 35. Long Hospitalization Cash Benefit	Within India
Section 36. Maternity Cover and New Born Baby Cover	Within India
Section 37. Home (Domiciliary) Hospitalization	Within India
Section 38. Sum Insured Refill Benefit	Within India
Section 39. Out-Patient (OPD) Benefit	Within India
Section 40. Illness Cover	Within India
Section 41. Daily Cash Benefit	Within India
Section 42. Fixed Cash Benefit	Within India
Section 43. Companion Benefit Cash Allowance Cover	Within India
Section 44. Parent Accommodation Cash Allowance Cover	Within India
Section 45. Loan Shield	Worldwide (Claim Payment Can be done only if loan is availed from Indian Financial Institutions in INR)
Section 46. Loss of Pay	Within India
Section 47. Health Check Up	Within India
Section 48. Wellness Benefit Program	Within India

This Policy covers all treatments received within India and Our liability will be to make Payment Indian Rupees Only. However, on payment of additional premium, the Geographical Limits can be extended to Asia / Worldwide Excluding USA & Canada / Worldwide Including USA & Canada, subject to:

1. Additional Co-payment Opted by You and mentioned in Your Policy Schedule for treatments outside India which will be over and above the Section Wise Co-payment Opted.
2. Prior intimation should be given and approval should be taken from Us for any treatment taken Outside India.

27. Non-Medical Expenses

Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls, internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies including but not limited to charges for admission, discharge, administration, registration, documentation and filing. (Please refer Annexure A provided in the Policy Document or visit our website for complete list of non-medical items)

28. Insufficient Document

Under “**General Condition - Claims Notification and Procedure**”, We have provided Section wise list of relevant necessary documents to be submitted at the time of claim. We shall be liable to pay claims based on documents submitted to us. We shall settle or reject a claim, as may be the case, within 15 days from submission of claim.

29. Professional Sports

We will not pay any claim under this Policy, whilst You are under training or taking part in sport as a professional for which You are paid or funded by sponsorship or grant unless this specifically waived of and mentioned in policy schedule/Certificate of Insurance.

However, You would be covered if you participate in a non-professional capacity for any recreational sport which is **NOT** a **Hazardous Activity** and You are under the supervision of a trained professional.

30. Preventive Treatment

We do not cover inoculations, vaccinations or other treatment, for example drugs or Surgery, which aims to prevent a disease or Illness except:

- a. For an active vaccination for dog or animal bite;
- b. To the extent covered under **SECTION 36. MATERNITY COVER & NEW BORN BABY COVER** if opted by You.
- c. Forming part of treatment for accidental bodily Injury as prescribed by the Medical Practitioner.

31. Sexual disorder and Erectile Dysfunction

Treatment of any sexual disorder including impotence (irrespective of the cause) and sex changes or gender reassignments or erectile dysfunction.

32. Sexually Transmitted Infections & Disease

Screening, prevention and treatment for sexually transmitted infection or disease including but not limited to Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis is not covered.

33. Sleep Disorders and Sleep Problems

We do not cover treatment directly or indirectly related to sleep disorders and sleep problems, such as snoring, insomnia or sleep apnoea (when breathing stops temporarily during sleep) including but not limited to expense related to purchase of CPAP, BIPAP or similar instruments except as mentioned by Us and covered under **Section 30.B.6. Bariatric Surgery Cover**

34. Spectacles, Hearing aids & other Expenses

Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.

35. Stem Cell Transplant: Any stem cell transplant other than for Bone Marrow Transplant

36. Unjustified or Unwarranted Hospitalization

Admission solely for Physiotherapy, evaluation, investigations, diagnosis or observation service unless a claim is accepted under **Section 30. A. Accidental Hospitalization Cover** and/or **30.B. Accidental & Illness Hospitalization Cover**.

37. Substance abuse and Addictions

- a. Expenses incurred for the treatment of any Illness or accidental Injury caused due to:
 - (i) Use/misuse/abuse of Alcohol, opioids or nicotine or drugs (whether prescribed or not) by the Insured unless associated with Psychiatric Illness.
 - (ii) Withdrawal and de-addiction treatment taken by the Insured.
- b. Any claim in respect of Cancer of Oral, Oropharynx and respiratory system is specifically excluded in cases where Insured is a tobacco user.

38. War and hazardous substances

We do not cover treatment directly or indirectly arising from or required as a consequence of:

- a. War, invasion, acts of foreign enemy hostilities (whether or not War is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege, attempted overthrow of Government; or
- b. Chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel; or
- c. any acts of terrorism, unless specifically agreed by Us and mentioned in Your Policy Schedule/Certificate of Insurance.

39. Legal Liability

Any Legal Liability due to any errors or omission or representation or consequences of any action taken on the part of any Hospital or Medical Practitioner.

40. Ear, Eyesight & Optical Services

- a) We do not cover treatment for:
 - 1. Correction of refractive errors of the eye including but not limited to short-sight or long-sight, such as glasses, contact lenses or laser eyesight correction Surgery
- b) We do not cover Femto Laser Procedure and multifocal lenses.
- c) Our Maximum Liability in respect of Cochlear Implant Procedure will be restricted to 50% of the Sum Insured opted under **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover**

41. Prosthetics and other devices

Prosthetics and other devices NOT implanted internally by surgery.

42. Specific Treatments

We will not pay for expenses related to administration of medications or procedures including but not limited to expense related:

- a. Hyaluronic acid, Remicade or similar medications
- b. Intra-articular/intra thecal or cortico-steroid injections,
- c. Predictive Genome testing

43. Dental Treatment

Treatment, procedures and preventive, diagnostic, restorative, cosmetic services related to disease, disorder and conditions related to natural teeth and Gingiva, unless requiring Hospitalisation due to Accident and except to the extent covered under **Section 39. Out-Patient (OPD) Benefit**, if opted.

44. Mental Disorders

Accidental “**Death**” or “**Permanent Total Disablement**” or “**Permanent Partial Disablement**” due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.

45. Organ Donor

The Expenses incurred by You on organ donation, except for those covered under **SECTION 32. ORGAN DONOR**, if opted by You.

46. Our Maximum Liability in respect of the following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to percentage of Sum Insured as opted under **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover**:

- A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- B. Balloon Sinuplasty
- C. Deep Brain stimulation
- D. Oral chemotherapy
- E. Immunotherapy - Monoclonal Antibody to be given as injection
- F. Intra vitreal injections
- G. Robotic surgeries

- H. Stereotactic radio surgeries
- I. Bronchial Thermoplasty
- J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- K. IONM - (Intra Operative Neuro Monitoring)
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

Group Details:

1. Policy to be offered to members of the Group who are Indian Citizens or Foreign Nationals residing in India.
2. Group Size should be of minimum 7 members.

Age at Criteria:

Type of Cover	Entry Age	Minimum	Maximum
Accidental Death/Permanent Total Disablement/Permanent Partial Disablement	Proposer	18yrs	No Limit
	Child	91days	No Limit
	Adult Insured	18yrs	No Limit
Hospitalization Cover & Hospital Cash Sections	Proposer	18yrs	No Limit
	Child	91days	No Limit
	Adult Insured	18yrs	No Limit
Critical Illness Cover, Cancer cover, organ donor cover, heart protect	Proposer	18yrs	No Limit
	Child	181days	No Limit
	Adult Insured	18yrs	No Limit
Illness Cover	Proposer	18yrs	No Limit
	Child	1day	No Limit
	Adult Insured	18yrs	No Limit

II. DIGIT LIFE GROUP LONG TERM PLAN

No matter what your area of work is, the value that individual members bring to your group cannot be underestimated. While being an important part of the group or organization, your members or employees are also an essential part of their family. It hence becomes your responsibility to ensure financial security for them against death and range of other risks. Any untoward incident can derail the plans a group member has for his / her family and leave them exposed and vulnerable to life's hardships. Wouldn't it be good if an employee or a group member can be given peace of mind by financially securing him or her against such untoward incidents?

Presenting Digit Life Group Long Plan

Digit Life Group Long Term Plan is a non-linked, non-participating, group pure risk premium life insurance plan that provides life insurance cover to insured members and in case of unfortunate event, financially protect their families with death benefit either by paying lumpsum benefit or in form of stream of income or provides combination of both as per the chosen option. This plan also offers a range of inbuilt optional benefits like financial protection against accidental death and disability, critical illness, multi-stage cancer conditions, terminal illness, hospitalization to create a customized and comprehensive protection solution.

Key Features of the Plan

- Can be offered to both Employer-Employee and Non-Employer-Employee or Affinity groups.
- Provides a high degree of customization and flexibility to create a tailor-made solution.
 - Option to choose death benefit as lumpsum or regular income or combination of both basis members' financial needs.
 - Inbuilt optional benefits for financial protection against Terminal Illness, Critical Illnesses, Multi-Stage Cancer conditions, Hospitalization, death and disability due to accident
 - Flexibility to choose single life cover / joint life cover
 - Flexibility to choose coverage type – level cover, decreasing cover, flexi cover
 - Flexibility to choose premium payment options - Single Premium, Limited Premium and Regular Premium payment options
 - Option to pay the premium as per preferred premium payment frequency (Single, monthly, quarterly, half-yearly, or annually)
- Availability of Profit-sharing option to master policyholder
- Wellness benefits to insured members

An individual member will get the choice to opt from the various options made available by the master policyholder under the policy with respect to applicable benefit options, coverage term, coverage options, single or joint life cover, premium payment term, premium payment frequency, sum assured, other applicable options, if any, subject to terms and conditions of the master policy, scheme rules and prevailing underwriting policy of Company.

Eligibility Conditions

Entry Age (as per last birthday)	Minimum - 14 years Maximum - 80 years		
Maturity Age (as per last birthday)	Minimum - 14 years Maximum - 80 years		
Group Size	Minimum - 5 members Maximum - No limit		
Minimum Sum Assured (SA)	Lumpsum Sum Assured per person - ₹10,000 Income Benefit per person (applicable in case of death benefit) - ₹100/month (provided sum total of income payable is not less than ₹10,000)		
Maximum Sum Assured (SA)	Death Benefit	No Limit (Subject to prevailing underwriting policy of the Company)	
	Inbuilt Optional Benefits	Terminal Illness Benefit	No Limit (Subject to prevailing underwriting policy of the Company)
		Health Cover Benefit	
Hospitalization Cover Benefit			
Accidental Cover Benefit			
Accelerated Benefits shall not exceed lumpsum sum assured chosen under death benefit			
Master policy will continue indefinitely until terminated. At member level, the policy term will be as per Premium Payment Option chosen			

Policy Term (Coverage Term)	Premium Payment Option	Term Insurance under death benefit and inbuilt optional benefits	Term Insurance with Return of Premium (TROP) under death benefit
	Single Pay	1 month - 480 months	5 years – 40 years
	Limited Pay	3 months – 480 months	10 years – 40 years
	Regular Pay	2 months – 480 months	10 years – 40 years
The coverage term at member level up to 3 years for Term insurance under death benefit and inbuilt optional benefits is applicable for lender-borrower schemes only.			
Premium Payment Term	Premium Payment Option	Term Insurance under death benefit and inbuilt optional benefits	Term Insurance with Return of Premium (TROP) under death benefit
	Single Pay	Single Premium Payment	Single Premium Payment
	Limited Pay	2 months – 479 months	5 years – 39 years
	Regular Pay	2 months – 480 months	10 years – 40 years
Premium Payment Frequency	Yearly, Half-Yearly, Quarterly, Monthly for Limited Pay and Regular Pay Single Pay for Single Premium option		

Coverage Term for inbuilt optional benefits can be less than or equal to coverage term for Death Benefit. In case of lender-borrower groups, maximum coverage term is same as outstanding loan term at inception.

What is covered under Digit Life Group Long Term Plan?

The coverage under this policy is as mentioned below:

A. Death Benefit

This is the base benefit and in case of unfortunate demise of the member during the coverage term, Death Benefit is payable to the nominee. Any one of the following death benefit options can be chosen by the member before coverage start date:

- Term Insurance - Death Benefit will be paid in the event of death of the insured member during the member coverage term, provided all premiums are paid as and when due. No survival benefit or maturity benefit shall be payable under this option.
- Term Insurance with Return of Premium (TROP) – Death Benefit will be paid in the event of death of the Insured Member during the member coverage term, provided all premiums are paid as and when due. In case of survival of the member (or survival of both individuals under joint life cover) till the end of member coverage term, total premiums paid will be returned in lumpsum at the end of such member coverage term.

Death Benefit Payout Options

Master policyholder can choose to offer the members any one or combination of the any of the following death benefit payout options subject to acceptance by the Company:

- Lumpsum Sum Assured: Under this option (if chosen), a lumpsum amount will be paid following the death of insured member.
- Income Benefit: Under this option (if chosen), regular income will be paid for chosen number of years (not exceeding 40 years minus coverage term) following date of member’s death.

Income Benefit chosen can be level or increasing with income increasing at specified simple rate of up to 10% per annum. Any one of annual , half-yearly, quarterly or monthly mode can be chosen to receive the regular income payouts.

In case of income benefit option mentioned above, for presentation purpose, sum assured shall be defined as the total income payable in the next 12 months following the death of insured member

Members of the same master policy can have different lumpsum sum assured amount and income benefit amount. The lumpsum sum assured or income benefit or combination of these two benefits, as chosen for each individual member will be specified on coverage inception date.

On payment of death benefit, insurance coverage for the insured member under this plan will immediately and automatically terminate.

Death Benefit Payable Under Different Coverage Options

Benefit	Insured Event	How and when Benefit shall be payable	Size of such Benefit
Death Benefit	Death	In case of death of the member (on occurrence of first death in case of joint life cover) during the member coverage term, lumpsum sum assured and / or income benefit (if	In case of Level Cover: Lumpsum sum assured and / or income benefit under death benefit shall be payable. Decreasing and Flexi Cover – Prevailing

		any), shall be payable.	lumpsum sum assured under death benefit, as per agreed schedule chosen before member's coverage start date shall be payable. Decreasing and Flexi Cover will not be applicable for income benefit.
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B. Inbuilt Optional Benefits –

The master policyholder can choose one or more of the following in-built optional benefits before master policy commencement date subject to Company's acceptance and members can choose from such available options under the master policy, subject to prevailing underwriting policy of the Company and terms and conditions of this master policy. Premium will vary depending upon the inbuilt optional benefit/(s) chosen.

i. Terminal Illness (TI) Benefit

Terminal Illness means an advanced or rapidly progressing incurable and un-correctable medical condition which, in the opinion of two independent Medical Practitioners, chosen by the Company and specializing in treatment of such illness, certify that the illness is expected to lead to death of the member within 6 months of the date of diagnosis of the Terminal Illness.

Accelerated Terminal Illness (TI) Benefit is offered under this benefit, which means payment of this benefit will not be in addition to lumpsum death benefit chosen and it only facilitates an earlier payment of lumpsum death benefit on prior occurrence of terminal illness. Accelerated TI benefit can be opted for when lumpsum death benefit is chosen (either as standalone or in combination with income benefit option). On diagnosis of a terminal illness, an amount equal to the TI Sum Assured will be paid. This benefit is payable only once during the lifetime of a member and shall not exceed lumpsum sum assured under death benefit. **Where the TI Sum Assured is equal to the applicable lumpsum sum assured under Death Benefit and income benefit option is not chosen under death benefit additionally**, the insurance coverage for all the benefits, including inbuilt optional benefits (if any) in respect of the insured member will terminate immediately upon diagnosis of terminal illness and payment of accelerated TI benefit. However, if in such case, income benefit option is also chosen additionally, on payment of such accelerated TI benefit, the member's insurance coverage will continue with respect to only income benefit option under death benefit.

Where the TI Sum Assured is less than the applicable lumpsum sum assured under Death Benefit, on payment of the TI sum assured, the applicable lumpsum death benefit will be reduced to the extent of the TI sum assured paid and this change will be effective from the date of payment of accelerated TI benefit. On payment of the accelerated TI benefit, the member's insurance coverage in respect of inbuilt optional benefits (if any) under this master policy will immediately and automatically terminate.

Accelerated Terminal Illness (TI) Benefit payable under different Coverage Options

Benefit	Insured Event	How and when Benefit shall be payable	Size of such Benefit
Accelerated Terminal Illness Benefit	Terminal Illness (TI)	In case of diagnosis of Terminal illness, lumpsum Sum Assured is payable. In case of joint life cover, benefit shall be payable in lumpsum, if any one of two lives is diagnosed first with Terminal Illness condition.	Level Cover: TI Sum Assured, which will be acceleration of the lumpsum sum assured under death benefit shall be payable. Decreasing & Flexi Cover: TI Sum Assured, which will be acceleration of lumpsum sum assured under death benefit, prevailing as per agreed schedule chosen before member's coverage start date, shall be payable.

ii. Health Cover Benefit

There are three sub-options under Health Cover Benefit. A member can choose only one of these three following sub-options:

a) Accelerated Critical Illness (CI) Benefit

On occurrence of one of the covered Critical Illness Conditions with respect to the insured member, subject to survival period of 30 days and waiting period of 90 days, an amount equal to the Accelerated CI sum assured shall be payable in lumpsum.

This is an accelerated Benefit and it's payment will not be in addition to lumpsum sum assured chosen under Death Benefit and it only facilitates an earlier payment of such lumpsum sum assured under Death Benefit on prior occurrence of the Critical Illness. Accelerated CI Benefit can be opted for when lumpsum sum assured under Death Benefit is chosen (either standalone or in combination with income benefit option). Accelerated CI Benefit shall not exceed lumpsum sum assured under Death Benefit. On admission of claim under the accelerated CI Benefit:

Where the CI Sum Assured is equal to the lumpsum Sum Assured under Death Benefit and no Income Benefit is chosen in

addition to lumpsum Sum Assured under Death Benefit, the insurance coverage for all the benefits, including Death Benefit and inbuilt optional benefits (if any) in respect of the insured member will cease immediately upon diagnosis of critical illness and payment of Accelerated CI Benefit.

Where the CI Sum Assured is equal to the lumpsum Sum Assured under Death Benefit and Income Benefit is also chosen in addition to lumpsum Sum Assured under Death Benefit, on payment of CI Sum Assured, Accelerated CI Benefit along with the lumpsum sum assured under Death Benefit will terminate, however, member's insurance coverage shall continue with respect to income benefit under Death Benefit and other applicable inbuilt optional benefits, if any, for remaining of the respective member coverage terms.

Where the CI Sum Assured is less than the lumpsum Sum Assured under Death Benefit, on payment of the CI Sum Assured, the lumpsum sum assured under the Death Benefit will be reduced to the extent of the CI Sum Assured paid, and such change in the lumpsum sum assured under Death Benefit will be effective from the date of the payment of the Accelerated Critical Illness Benefit. Such member's insurance coverage under master policy in respect of other applicable inbuilt optional benefits (if any) will continue for the remaining of the respective member coverage terms.

Accelerated Critical Illness (CI) Benefit payable under different Coverage Options

Benefit	Insured Event	How and when Benefit shall be payable	Size of such Benefit
Accelerated Critical Illness (CI) Benefit	Critical Illness (CI)	In case of diagnosis of any one of the covered Critical Illnesses, basis the CI variant chosen, lumpsum Sum Assured is payable. In case of joint life cover, this Benefit shall be payable in lumpsum, if any one of two lives is diagnosed first with Critical Illness condition.	Level Cover: CI Sum Assured, which will be acceleration of the lumpsum Sum Assured under Death Benefit, shall be payable. Decreasing & Flexi Cover : CI Sum Assured, which will be acceleration of lumpsum Sum Assured under Death Benefit, prevailing as per agreed schedule chosen before member's coverage start date, shall be payable.

b) Additional Critical Illness Benefit

On occurrence of one of the covered Critical Illness Conditions with respect to the insured member, subject to Survival period of 30 days and waiting period of 90 days, an amount equal to the Additional CI sum assured shall be payable in lumpsum.

This is an additional Benefit and on admission of a claim under the Additional CI Benefit, the CI Sum Assured will be payable to the member. On payment of Additional CI Benefit, member's insurance coverage for this benefit under the master policy shall terminate, however member's insurance coverage shall continue in respect of applicable Death Benefit and other applicable inbuilt optional benefits (if any) for the remaining of the respective member coverage terms.

Additional Critical Illness (CI) Benefit payable under different Coverage Options

Benefit	Insured Event	How and when Benefit shall be payable	Size of such Benefit
Additional Critical Illness (CI) Benefit	Critical Illness	In case of diagnosis of any one of the covered critical illnesses, basis the CI variant chosen, lumpsum Sum Assured is payable. In case of joint life cover, this Benefit shall be payable in lumpsum, if any one of two lives is diagnosed first with Critical Illness condition.	Level Cover: CI Sum Assured shall be payable. Decreasing Cover & Flexi Cover: Prevailing CI Sum Assured as per agreed schedule chosen before member's coverage start date, shall be payable.

For both Accelerated CI Benefit and Additional CI Benefit: CI Sum Assured will not be paid on diagnosis of any of the covered critical illness condition when the master policy / insurance coverage to the member is in lapsed status. The claim for Critical Illness Benefit shall be accepted only if covered Critical Illness condition has happened to insured member for the first time in life and is not a consequence of or arising out of any pre- existing condition/disease. Once a claim has been accepted under Critical Illness Benefit, insurance coverage for the insured member under this policy with respect to CI Benefit shall cease and no further payment will be made for any consequent Critical Illness disease or any dependent critical illness/illnesses.

At the time of critical illness claim payment, the claimant will have an option to receive the additional / accelerated CI Benefit (as

chosen) in the form of regular income over a period not exceeding 5 years. Such income payment can be chosen to be received in monthly, quarterly, half-yearly or annual mode. The first instalment pay-out shall be made immediately on acceptance of the CI claim by the Company. The lumpsum CI sum assured will be converted to the income amount as per chosen payment frequency and payment period using an effective interest rate of 5% p.a.

There are following three variants offered under Accelerated and Additional Critical Illness Benefit and any one of them can be chosen by member before inception of insurance coverage.

Variant 1 – 14 Critical Illnesses

Variant 2 – 20 Critical Illnesses

Variant 3 – 34 Critical Illnesses

The Critical Illnesses offered under three variants are as given in the table below:

S.No	Critical Illness Variant			List of Critical Illness Covered
1.	Variant 1	Variant 2	Variant 3	Cancer of Specified Severity
2.				Myocardial Infarction
3.				Open Heart Replacement or Repair of Heart Valves
4.				Surgery to Aorta
5.				Open Chest CABG
6.				End Stage Lung Failure
7.				End Stage Liver Failure
8.				Kidney Failure Requiring Regular Dialysis
9.				Major Organ/ Bone Marrow Transplant
10.				Benign Brain Tumour
11.				Coma of Specified Severity
12.				Major Head Trauma
13.				Permanent Paralysis of Limbs
14.				Multiple Sclerosis with Persisting Symptoms
15.	Variant 3	Variant 3	Primary (Idiopathic) Pulmonary Hypertension	
16.			Apallic Syndrome	
17.			Stroke Resulting in Permanent Symptoms	
18.			Motor Neurone Disease with Permanent Symptoms	
19.			Loss of Independent Existence	
20.			Aplastic Anaemia	
21.			Aneurysm of Abdominal Aorta	
22.			Cardiomyopathy	
23.			Pulmonary artery graft surgery	
24.			Parkinson's Disease	
25.			Muscular Dystrophy	
26.			Progressive Supranuclear Palsy	
27.			Creutzfeldt-Jakob disease (CJD)	
28.			Bacterial Meningitis	
29.			Alzheimer's disease	
30.			Encephalitis	
31.			Systemic lupus erythematosus	
32.			Goodpasture's syndrome	
33.			Fulminant Viral Hepatitis	
34.			Pneumonectomy	

Definitions and exclusions with respect to Critical Illness Benefit are provided in General Policy Provisions.

c) Additional Multi-Stage Cancer (MSC) Benefit

Multi-stage Cancer (MSC) Benefit is an additional benefit and shall be payable in lumpsum as mentioned in table below upon diagnosis of the listed conditions during Multi-Stage Cancer Benefit's Coverage Term.

Level and covered conditions	Additional MSC Benefit payable in lumpsum (as percentage of MSC Sum Assured)
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Minor Condition a. Carcinoma in-situ of any organ except skin b. Early-Stage Cancers	25%
Major Condition a. Cancer of specific severity	100% less minor condition claim earlier paid, if any

On diagnosis of one of the listed illnesses under minor conditions, 25% of MSC Sum Assured shall be payable in lumpsum and on diagnosis of any of the conditions under major condition category, 100% of MSC Sum Assured in lumpsum, less minor condition claim already paid, if any, shall be payable.

Claim will be admissible only if the member is diagnosed for the first ever occurrence of any of the listed conditions (provided in General Policy Provisions along with definitions and exclusions). Multiple claims for minor conditions shall be admissible during Additional Multi-Stage Cancer Benefit's member coverage term as long as the total payout does not exceed 100% of the MSC Sum Assured. For multiple claims under minor conditions for a member to be admissible, there needs to be a period of at least 6 months between the date of diagnosis of one minor condition claim and date of diagnosis of subsequent minor condition claim. However, this requirement of 6 months is not applicable in the case of diagnosis of major condition claim following a minor condition claim.

Multiple claims under minor conditions from the same organ shall not be admissible. For the purpose of claim, each group of the following sites are treated as one organ:

- Basal cell and squamous skin cancer
- Breast, where the tumor is classified as Tis according to the TNM Staging method
- Corpus uteri, vagina, fallopian tubes, cervix uteri, ovary
- Colon and rectum
- Penis, testis
- Stomach and esophagus

The total claims payable under this Benefit, including claims under minor and major conditions put together, shall not exceed 100% of the MSC Sum Assured. Upon payment of the 100% of MSC sum assured, member's insurance coverage for this benefit under the master policy shall terminate, however, member's insurance coverage shall continue in respect of applicable Death Benefit and other applicable in-built optional benefits (if any) for the remaining of the respective member coverage terms.

Additional Multi-Stage Cancer Benefit payable under different Coverage Options

Benefit	Insured Event	How and when Benefit shall be payable	Size of such Benefit
Additional Multi-Stage Cancer (MSC) Benefit	Minor or Major Conditions under Additional Multi-Stage Cancer Benefit	In case of diagnosis of minor or major conditions under Cancer, lump sum amount shall be payable. In case of joint life cover, lumpsum amount for minor conditions can be availed by both the lives separately. Minor condition Benefit already availed for any organ by one life shall be exhausted for both the lives. Lumpsum Benefit for major condition under cancer can be availed by any one of two lives, who is diagnosed first with such major condition.	Level Cover: 25% of MSC Benefit Sum Assured on diagnosis of minor condition. 100% of MSC Benefit Sum Assured, less claims earlier paid on account of minor condition(s), if any, shall be payable on diagnosis of a major condition. The Company's liability for payment of all the claims under additional MSC Benefit in aggregate during this Benefit's Coverage Term shall not exceed the 100% of MSC Sum Assured which includes multiple claims for minor conditions by the member (by both the lives put together in case of joint life cover) Decreasing & Flexi Cover – Not applicable

iii. Hospitalization Cover Benefit

Under this option, Additional Hospitalization Benefit (HB) shall be offered. A lumpsum amount equal to Additional Hospitalization Benefit (HB) Sum Assured shall be payable if a member, on recommendation of a Medical Practitioner, is hospitalized, provided

such hospitalization happens for a continuous period of specified number of days between 1 to 15 days (number of days to be chosen by the member before his/her coverage start date) in a coverage year during Additional Hospitalization Benefit coverage term. For insurance coverage under Additional Hospitalization Benefit, completion of every 24 'in-patient care' hours in hospital from the time of admission is considered to be a day.

Additional Hospitalization Benefit can be claimed only once in a coverage year, subject to maximum 5 times during this benefit's member coverage term.

Upon payment of maximum number of allowed claims, as applicable, under this benefit during the member coverage term, member's insurance coverage for this benefit under the master policy will terminate, however member's insurance coverage will continue in respect of applicable death benefit and other applicable in-built optional benefits (if any) for the remaining of the respective member coverage terms.

Hospitalization Cover Benefit payable under different Coverage Options

Benefit	Insured Event	How and when Benefit shall be payable	Size of such Benefit
Hospitalization Cover Benefit	Hospitalization	<p>In case of Hospitalization of an Insured Member for a continuous period for specified number of days between 1 and 15 (as chosen by Member before member's coverage start date), a lumpsum benefit shall be payable in case of such hospitalization, only once in a coverage year, subject to maximum 5 times during member coverage term of this benefit.</p> <p>In case of joint life cover, the Hospitalization Cover Benefit can be availed once by only one of the two lives in each coverage year during the coverage term, provided in each coverage year, it is claimed on occurrence of first such hospitalization of only one of the two lives.</p>	<p>Level Cover – A lumpsum amount equal to 100% of Hospitalization Benefit Sum Assured shall be payable on each hospitalization. Hospitalization Cover Benefit can be claimed only once in a coverage year and not more than 5 times during the member coverage term (across two lives put together in case of joint life cover).</p> <p>Decreasing & Flexi Cover: Not applicable</p>

Exclusions with respect to Hospitalization Cover Benefit are provided in General Policy Provisions.

iv. Accidental Cover Benefit: Following three sub-options shall be offered under this inbuilt optional benefit:

a) Additional Accidental Death Benefit (ADB)

In case of accidental death of insured member, in addition to Death Benefit, an amount equal to the ADB Sum Assured will be paid in lumpsum and on such payment, insurance coverage for the insured member under this plan will terminate.

A claim under this Benefit Option shall be admitted provided that the death:

- a. is caused by injury resulting from an accident,
- b. occurs solely and directly due to the Injury, and independent of any other causes,
- c. occurs within 180 days of the occurrence of accident and
- d. is not a result from any of the causes listed in the exclusions for additional Accidental Death Benefit specified in general policy provisions.

In case, the accident occurs while the insured member's additional ADB insurance coverage is in-force, but the accidental death occurs after the end of the member coverage term and within 180 days of the accident, additional ADB sum assured applicable at the time of such accident shall be payable.

This benefit will be paid in following conditions as well:

- a. **Disappearance:** If the insured member's full body cannot be located within a period of consecutive twelve (12) months, following a forced landing, stranding, sinking, or wrecking of a Common *Carrier* in which such insured Member was known to have been travelling as a fare paying passenger or in any event arising as a result of Act of God Perils during the member coverage term, where it is reasonable to believe that such insured Member has died as a result of an accidental injury.
- b. **Drowning:** If the insured member's full body cannot be located within a period of consecutive twelve (12) months, on account of Drowning during the member coverage term, where it is reasonable to believe that such insured member has died as a result of drowning.

Additional Accidental Death Benefit payable under different Coverage Options

Benefit	Insured Event	How and when Benefit shall be payable	Size of such Benefit
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Additional Accidental Death Benefit (ADB)	Death due to Accident	<p>In case of death of member due to accident, where such accident happens during the member coverage term, a lumpsum amount shall be payable.</p> <p>In case of joint life cover, lumpsum benefit shall be payable on happening of first death due to accident.</p>	<p>Level Cover – A lumpsum amount equal to 100% of Additional ADB Sum Assured shall be payable.</p> <p>Decreasing & Flexi Cover – A lumpsum amount equal to 100% of prevailing ADB Sum Assured as on the date of accident as per agreed schedule chosen before member’s coverage start date, shall be payable.</p>
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Definitions and exclusions with respect to Additional ADB are provided in General Policy Provisions.

b) Additional Accidental Total and Permanent Disability (ATPD) Benefit

Accidental Total and Permanent Disability refers to a disability, which

- a) Is caused by bodily injury resulting from an accident; and
- b) Occurs solely and directly due to the said bodily injury and shall be independent of any other cause; and
- c) Occurs within 180 days of the occurrence of such accident; and
- d) Results in (i) Total and irrecoverable loss of sight of both eyes, or; (ii) Physical separation or loss of use of both hands or feet, or; (iii) Physical separation or loss of use of one hand and one foot, or; (iv) loss of sight of one eye and Physical separation or loss of use of hand or foot; (v) If such Injury shall as a direct consequence thereof, permanently, and totally, disables the Insured Member from engaging in any employment or occupation of any description whatsoever.

The above is exclusive of and without prejudice to the other causes of total and permanent disability.

Where,

Physical separation shall mean physical severance of the hand at or above the wrist or physical severance of the foot at or above the ankle.

The date of the accident should be after the date of inception of insurance coverage and before the termination/ expiry of the insured member’s insurance coverage.

In case, the accident occurs while the insured member’s additional ATPD benefit coverage is in force, but the ATPD occurs after the end of the member coverage term and within 180 days of the accident, additional ATPD sum assured applicable at the time of such accident will be payable.

This is an additional benefit and on occurrence of accidental total & permanent disability (ATPD), an amount equal to the ATPD sum assured will be payable in lump sum. On payment of the additional ATPD sum assured, additional ATPD benefit for the member will terminate (in case it was chosen by the member), however the member’s insurance coverage will continue for death benefit and all the other inbuilt optional benefits, if chosen, for the remaining member coverage term.

Additional Accidental Total and Permanent Disability Benefit payable under different Coverage Options

Benefit	Insured Event	How and when Benefit shall be payable	Size of such Benefit
Additional Accidental Total and Permanent Disability (ATPD) Benefit	Total and Permanent Disability (ATPD) due to Accident	<p>In case of ATPD due to accident, while such accident happens during the member coverage term, a lumpsum amount shall be payable.</p> <p>In case of joint life cover, lumpsum Benefit shall be payable on first occurrence of Total and Permanent Disability due to accident to any one of the two lives.</p>	<p>Level Cover – A lumpsum amount equal to 100% of ATPD Sum Assured shall be payable.</p> <p>Decreasing & Flexi Cover – A lumpsum amount equal to 100% of prevailing ATPD Sum Assured as on the date of Accident as per agreed schedule chosen before member’s coverage start date shall be payable.</p>

Definitions and exclusions with respect to additional ATPD benefit are provided in General Policy Provisions.

c) Additional Personal Accident Benefit

Personal Accident Benefit is an additional Benefit. Following set of Benefits will be paid under this sub-option on occurrence of specified insured events due to an injury sustained by the member on account of an accident.

S.No.	Insured Event	Additional Personal Accident (PA) Benefit Payable
1	Accidental Death	<p>100% of Additional PA Sum Assured shall be payable in lumpsum following death of member, due to an injury sustained in an accident during the member coverage term, provided that member's death due to such accident happens within 12 months from the date of such Accident.</p> <p>This benefit will be paid in following conditions as well:</p> <p>a. Disappearance, as defined under Additional Accidental Death Benefit. b. Drowning as defined under Additional Accidental Death Benefit.</p>
2.	Accidental Total and Permanent Disability (ATPD)	<p>100% of Additional PA Sum Assured shall be payable in lumpsum if member suffers Total and Permanent Disability of the nature specified below, solely and directly due to an accident during the member coverage term, provided that the Total and Permanent Disability occurs within 12 months from the date of the such Accident:</p> <p>a) Total and irrecoverable loss of sight of both eyes, or; b) Physical separation or loss of use of both hands or feet, or; c) Physical separation or loss of use of one hand and one foot, or; d) loss of sight of one eye and Physical separation or loss of use of hand or foot; e) If such Injury shall as a direct consequence thereof, permanently, and totally, disables the insured person from engaging in any employment or occupation of any description whatsoever.</p> <p>The above is exclusive of and without prejudice to the other causes of total and permanent disability.</p> <p>Where, physical separation shall mean physical severance of the hand at or above the wrist or physical severance of the foot at or above the ankle.</p>
3.	Accidental Permanent Partial Disablement (APPD)	<p>Benefits are payable in lumpsum, if the member suffers permanent partial disablement of the nature specified in the Table A given below, solely and directly due to an accident during the member coverage term, provided that the Permanent Partial Disablement shall occur within 12 months of the date of such accident.</p>
4	Accidental Temporary Total Disablement (ATTD)	<p>If the insured member sustains an injury in an accident during the coverage term and which completely incapacitates the insured member from engaging in any employment or occupation of any description whatsoever which the insured member was capable of performing at the time of the accident (Temporary Total Disablement), compensation shall be payable, at the rate of 0.2% of the PA Sum Assured per week, till the time the insured member is able to return to work, provided that:</p> <p>a) Such period of ATTD exceeds 4 weeks, however benefit shall be payable for the entire duration of disablement.</p> <p>b) The compensation payable under this benefit mentioned under point (a) above, shall not be payable for more than 100 weeks in respect of any one Injury calculated from the date of commencement of disablement and in no case shall exceed the PA Sum Assured.</p> <p>c). The Temporary Total Disablement is certified in writing by the treating Medical Practitioner to have commenced within 30 days from the date of the accident.</p> <p>d). The compensation payable, shall be paid by the Company at quarterly intervals, after ascertaining the amount payable. If the period of temporary total disablement is for less than a quarter or three months, the compensation may be paid at the end of the disablement period.</p> <p>e). During the course of payment under this Benefit, the Company shall have right to call for a certification from an independent Medical Practitioner chosen by the Company, with regard to the continuity of temporary total disability specified under this ATTD.</p>

5	Hospitalization due to Accident	<p>A Daily Hospital Cash Benefit equal to a fixed percentage of PA Sum Assured, which is 1%/2%/3%/4%/5% (as chosen by member before his/her coverage start date) shall be payable on hospitalization due to an accident.</p> <p>Daily Hospital Cash Benefit can be availed on hospitalization of a minimum period of 24 hours and for a maximum period of up to 10 days per coverage year, subject to a maximum period of 30 days over the member coverage term, provided such hospitalization happens due to an accident. For insurance coverage under hospitalization due to accident, completion of every 24 'in-patient care' hours in hospital from the time of admission is considered to be a day.</p>
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Table A

Losses under Accidental Permanent Partial Disablement (APPD)	Benefit payable as percentage of PA Sum Assured
1. Loss of Use/Physical Separation:	
One entire hand	50
One entire foot	50
2. Loss of Use of one eye	50
3. Loss of toes - all	20
Great both phalanges	5
Great –one phalanx	2
Other than great if more than one toe lost each	1
4. Loss of Use of both ears	50
5. Loss of Use of one ear	20
6. Loss of four fingers and thumb of one hand	40
7. Loss of four fingers	35
8. Loss of thumb – both phalanges	25
One phalanx	10
9. Loss of Index finger-three phalanges	10
Two phalanges	8
One phalanx	4
10. Loss of middle finger – three phalanges	6
Two phalanges	4
One phalanx	2
11. Loss of ring finger – three phalanges	5
Two phalanges	4
One phalanx	2
12. Loss of little finger – three phalanges	4
Two phalanges	3
One phalanx	2
13. Loss of metacarpus	
First or second (additional)	3
Third, fourth or fifth (additional)	2

Where, Losses under APPD shall be irrecoverable losses and result in loss of use or physical separation which arises solely and directly from an injury, within 12 months from the date of Accident.

The Company's liability for payment of all claims under additional PA Benefit in aggregate during coverage term, in no case will exceed 100% of PA Sum Assured with respect to the member.

If the Accident occurs during the member coverage term, ADB, ATPD Benefit and APPD Benefit covered under Additional PA Benefit are payable, even if death or Total and Permanent Disability or Permanent Partial Disablement or any combination thereof occurs after the completion of coverage term, but within 12 months from the date of such accident.

On payment of Accidental Death Benefit under Additional PA Benefit, the member's insurance coverage under the master policy shall terminate and all other benefits including death benefit shall also cease to exist with immediate effect.

On payment of 100% of PA Sum Assured on account of insured events other than Accidental Death under Additional PA Benefit, Additional Personal Accident (PA) Benefit terminates. However, applicable Death Benefit, and all other applicable inbuilt optional

benefits, if any, shall continue as applicable.

Definitions and Exclusions with respect to additional PA Benefit are provided in General Policy Provisions.

Additional Personal Accident Benefit payable under different Coverage Options

Benefit	Insured Event	How and when Benefit shall be payable	Size of such Benefit
Additional Personal Accident (PA) Benefit	<ul style="list-style-type: none"> - Accidental Death - Accidental Total & Permanent Disability (ATPD) - Accidental Permanent Partial Disablement (APPD) - Accidental Temporary Total Disablement (ATTD) - Hospitalization due to Accident 	<p>Accidental Death – Lumpsum amount on death of Member due to Accident (on occurrence of first death due to accident in case of joint life cover)</p> <p>ATPD – Lumpsum amount on occurrence of ATPD (on first occurrence to anyone of two lives in case of joint life cover)</p> <p>APPD – Lumpsum amount as a percentage of PA sum assured (on occurrence to any of the two lives separately under joint life cover)</p> <p>ATTD – On occurrence of temporary total disablement due to an accident during the coverage term, a fixed amount shall be payable every week during the period of such disablement with respect to member (on occurrence to any of the two lives separately under joint life cover)</p> <p>Hospitalization due to Accident- On hospitalization of the member for at least 24 hours due to an accident, a Daily Hospital Cash Benefit shall be payable (hospitalization of any of the two lives separately in case of joint life cover)</p>	<p>Level Cover: Accidental Death – 100% of PA sum assured shall be payable.</p> <p>ATPD – 100% of PA sum assured shall be payable.</p> <p>APPD – a fixed percentage of PA Sum Assured for APPD losses as specified under Additional Personal Accident (PA) Benefit in Table A above shall be payable.</p> <p>ATTD – Benefit shall be payable as 0.2% of PA Sum Assured every week provided such period of ATTD is more than 4 weeks. The benefit payable shall be for a period not exceeding 100 weeks from date of commencement of ATTD.</p> <p>Hospitalization due to accident – A Daily Hospital Cash Benefit as a fixed percentage of PA sum assured (1%/2%/3%/4%/5%, as chosen by member before member’s coverage start date) shall be payable. This benefit shall be payable on minimum 24 hours’ hospitalization and maximum for 10 days’ hospitalization in a coverage year (across two lives put together, in case of joint life cover), subject to maximum 30 days’ hospitalization during coverage term (across two lives put together in case of joint life cover). Completion of every 24 ‘in-patient care’ hours in hospital from the time of admission is considered to be a day.</p>

			<p>The claims payable on account all these insured events in aggregate under Additional PA Benefit shall not exceed 100% of PA sum assured in any case. (Including all the claims made by two lives put together in case of joint life cover)</p> <p>Decreasing & Flexi Cover: Not applicable</p>
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Additional PA Benefit cannot be chosen by the member, in case, either of Additional ADB, Additional ATPD Benefit or Additional Hospitalization Benefit under Hospitalization Cover Benefit is chosen.

On occurrence of 'Disappearance' and 'Drowning' as mentioned under Additional Accidental Death Benefit and Additional Personal Accident Benefit above, Company will only pay, when the claimant provides a legally binding indemnity bond or any other document as required by the Company which guarantees, that, if at any time, after the payment of the Accidental Death Benefit, it is discovered that the insured member is still alive, all payments shall be repaid in full to the Company by the claimant.

Exclusions with respect to Additional Personal Accident Benefit are provided in General Policy Provisions.

C. Other Add-On Options available under the plan

- I. **Profit sharing:** This plan also offers a profit-sharing option wherein in case of favourable claims experience, the master policyholder would be refunded back a part of the premium depending on the formula mutually agreed between master policyholder and the Company for the same.

D. Survival / Maturity Benefit

Benefit Options	Survival / Maturity Benefit
Death Benefit with Term Insurance or if any inbuilt optional benefit is chosen	No Survival / Maturity Benefit shall be payable
Death Benefit with Term with Return of Premium (TROP) option	On survival of member (survival of both lives in case of joint life cover) till the end of member coverage term, total premiums paid will be returned on completion of such member coverage term.

E. Wellness benefit

We provide wellness benefits to the insured members which intends to incentivize the insured member for taking care of his/her health/fitness and maintaining healthy lifestyle through such preventative and wellness services.

The applicability of the wellness benefit program and its features may be amended from time to time as per the prevailing underwriting policy of Go Digit Life Insurance Limited. The list of benefits under this program and terms and conditions applicable to it are provided in Annexure I.

Other Plan Options

Joint Life Cover Option

- This plan offers joint life cover option, under which two persons can be insured under a single lumpsum sum assured and / or income benefit under Death Benefit and under single sum assured for each of the applicable sub-options under inbuilt optional benefits, if chosen.
- Both the individuals to be covered shall have insurable interest to avail the insurance coverage on joint life basis.
- The premium, as applicable, shall be collected for both the insured persons under joint life cover during the premium payment term.
- For joint life cover, Death Benefit shall be payable as mentioned above under Death Benefit section. Inbuilt optional benefits, if chosen, shall be payable as mentioned above under inbuilt optional benefits section on occurrence of respective insured events.
- The surviving member shall receive the applicable benefit payable on first occurrence of death under joint life cover.
- On payment of Death Benefit or on payment of Accidental Death Benefit (under Additional Accidental Death Benefit or under Additional Personal Accidental Benefit) or on payment of accelerated benefits which leads to 100% exhaustion of applicable lumpsum sum assured under Death Benefit, provided income benefit option is not chosen, the insurance coverage for both the lives under master policy will terminate and no further benefits shall be payable under this master policy.
- On payment of 100% sum assured or 100% of applicable benefit amount, as the case may be, for Additional Critical Illness Benefit/ Additional Multi-Stage Cancer Benefit/Additional Hospitalization Benefit/Additional Total and Permanent Disability Benefit/Additional Personal Accident Benefit, insurance coverage for these respective benefits shall terminate for both the lives.

- In case of simultaneous death of both the lives under joint life cover, Death Benefit and Accidental Death Benefit (under Additional Accidental Death Benefit or under Additional Personal Accidental Benefit), if applicable, shall be payable for one life only.
- In case of simultaneous or subsequent occurrence of insured events with respect to two lives for inbuilt optional benefits, the total benefit amount payable put together under each of the applicable sub-options under inbuilt optional benefits (if chosen) shall be limited to 100% of the applicable respective sum assured or 100% of applicable respective benefit amount, subject to terms and conditions of this policy.
- In case of simultaneous or subsequent claims under joint life cover, where claim against one life is repudiable, the claim on the other life shall prevail, if it is valid and subject to terms and conditions of this policy.

Coverage Options under this Plan

Member can choose any one of the following Coverage Options before member's coverage start date, provided they are selected by the Master Policyholder under Master Policy.

- a. Level Cover – Under this coverage option, sum assured shall remain constant throughout the member coverage term.
- b. Decreasing Cover – Under this coverage option, sum assured as on member's coverage start date shall reduce over the member coverage term as per the agreed schedule chosen before member's coverage start date.
- c. Flexi Cover – This option offers a combination of level cover and decreasing cover and shall be subject to agreed schedule chosen before member's coverage start date.

General Policy Provisions / Definitions / Exclusions:

Digit Simplification: You didn't think you needed to know definitions since your time in school, right? Well, the good news is that you don't need to learn these by heart, as long as you understand them. Certain words and phrases used throughout the Policy have specific meanings, and this section helps to understand them.

Grace Period

A grace period of 15 days in respect of monthly frequency and 30 days in other applicable frequencies from the instalment premium due date will be provided for limited and regular pay policies for paying overdue premium to the Company without any penalty/late fee during which time the benefits under the master policy/insurance coverage of insured member will be considered to be continuing without any interruption as per the terms of the master policy.

If the insured events, as applicable, occurs during the grace period, respective benefit will be paid subject to receipt of unpaid due premium for the master policy in cases, where premium is paid by master policyholder. However, in policies, where premium is paid by the member, the applicable benefit will be paid subject to deduction of unpaid due premium for such member. In case, the premium which was due with respect of any insured member, is collected by the master policyholder within grace period but is not remitted to the Company for some reason, then the insurance coverage for such member will continue even on expiry of grace period, provided such member has the receipt of payment of such premium to the master policyholder within grace period. The Company reserves the right to recover such premium from the master policyholder.

Free Look Period:

At Master policy Level

In case the master policyholder does not agree with the terms and conditions of the master policy, the master policyholder has the option to request for cancellation of the master policy by returning the original master policy document along with a written request stating the reasons for objection to the Company within 30 days from the date of receipt of master policy document. Upon the receipt of such a cancellation request, the Company will cancel the master policy and refund the premiums received after deducting proportionate risk premium for the period of insurance coverage and expenses incurred on medical examination, if any and applicable stamp duty. All insured members' coverage will cease post the request for free look cancellation by the master policyholder.

At Member Level

If the insured member does not agree with the terms and conditions specified in Certificate of Insurance, he/she has the option of returning the Certificate of Insurance to the company stating the reasons thereof, within 30 days from the date of receipt of the Certificate of Insurance. Upon receipt of the free look cancellation request and original Certificate of Insurance, we shall refund the premium received in respect of insured member, subject to deduction of the proportionate risk premium for the period of insurance coverage, expenses incurred on medical examination, if any and applicable stamp duty for that insured member. The coverage for the insured member will cease post the request for such free look cancellation.

For Administrative purposes, all free-look requests should be registered by the Master policyholder on behalf of the Insured.

Lapsation and Reduced Paid -Up Provisions

For regular pay death benefit with Term Insurance option and regular pay inbuilt optional benefits, if at any point of time during the coverage term, due premium is not paid within grace period, the master policy / member's insurance coverage shall lapse on expiry of grace period until it is revived. No benefits will be paid when the master policy / insurance coverage is in lapsed status

for these options.

In case of limited pay death benefit with Term Insurance option, limited pay inbuilt optional benefits and limited or regular pay death benefit with TROP option, if the premiums are not paid for at least first two coverage years, the insurance coverage shall lapse on expiry of grace period until it is revived. For these options, no benefits except for unexpired risk premium value will be paid when insurance coverage is in lapsed status. However, for these benefits mentioned, if the premiums are paid for at least first two coverage years and if further due premium is not paid within the grace period, the policy / member's insurance coverage attains reduced paid-up status, wherein, benefits under all applicable insurance coverages (risk covers) become reduced paid-up. Reduced paid-up benefit shall be calculated as stated below:

Reduced Paid-up Sum Assured = Paid-up factor x Applicable Sum Assured

Reduced Paid-up Income Benefit = Paid-up factor x Income Benefit

Reduced Paid-Up survival / maturity Benefit = 100% of Total Premiums Paid for TROP option under death benefit (if TROP option is chosen)

Where,

Paid-up factor = Number of premiums paid/Total number of premiums payable over the premium payment term

Applicable Sum Assured = Sum Assured as per benefit and coverage option and as per agreed schedule (if any) chosen before effective date of coverage

Total Premiums Paid is the total of all the premiums received, excluding any extra premium, any rider premium and taxes.

Surrender Provisions and Benefit payable on Surrender

In case of surrender of the master policy by the master policyholder, the members shall have an option to continue the insurance coverage till the end of their respective member coverage term, such insurance coverage will continue with the same terms and conditions as the original insurance coverage and Company/ intermediary, if any, shall continue to be responsible to serve such members till their insurance coverage is terminated. Unexpired risk premium value (surrender value) for such members opting to continue the insurance coverage shall not be paid out.

Following Unexpired Risk Premium Value (surrender value) will be payable on surrender:

Following Unexpired Risk Premium Value (Surrender Value) shall be payable on Surrender:

a) For Death Benefit with Term Insurance and Inbuilt Optional Benefits chosen, if any:

Benefit	Option / Sub-option	Level Cover	Decreasing Cover	Flexi Cover
Death Benefit	Lumpsum	50% x ((Total Premiums paid) – (Total Premiums payable over the Premium Payment Term x Expired Coverage Term in months/Coverage Term in months)))	50% x ((Total Premiums paid) – (Total Premiums payable over the Premium Payment Term x Expired Coverage Term in months/Coverage Term in months)))	x Current Sum Assured / Initial Sum Assured
	Income Benefit			
Terminal Illness Benefit	Accelerated Terminal Illness (TI) Benefit			
Health Cover Benefit	Accelerated Critical Illness Benefit			
	Additional Critical Illness Benefit			
	Additional Multi-Stage Cancer Benefit			
Hospitalization Cover Benefit	Additional Hospitalization Benefit (HB)			
Accidental Cover Benefit	Additional Accidental Death Benefit (ADB)			
	Additional Accidental Total and Permanent Disability (ATPD) Benefit			
	Additional Personal Accident (PA) Benefit			

b) For Death Benefit with Term Insurance with Return of Premium and Inbuilt Benefit Options chosen, if any

In such cases, the total premium paid could be expressed as A + B + C, where,

- A = Total premium paid corresponding to Term Insurance component under TROP
- B = Additional premium payable over A, corresponding to Return of Premium component under TROP
- C = Total premium paid for the inbuilt optional benefits, if any

Unexpired risk premium value on surrender equals

- Cash value computed corresponding to A + C as per the formula provided above in (a), plus
- Discounted value of A+B, provided at least first two years' premium is paid in full.

where

- The discount rate shall be based on prevailing annualised yields on 30-year G-Sec +150 basis points, rounded up to the nearest 25 basis points.
- The discount rates will be reviewed semi-annually and shall be revised using the above-mentioned formula and the change in the discount rates shall be effective from 25th February and 25th August each year. The revised discount rates shall apply to all Policies/Member Insurance Coverages including those which are already In-Force.
- Currently, the discount factors have been derived using interest rate of 8.75% p.a.
- Any change on basis of determination of interest rate for discounting can be done only after prior approval of the Authority.

In case of surrender of entire master policy, the aggregate of unexpired risk premium value at member level with respect to discontinuing members shall be payable.

On surrender, the insurance coverage for the member terminate(s).

Revival: The Company will consider requests to revive lapsed / reduced paid-up policies or the member's insurance coverage, as applicable, within five years from the due date of first unpaid premium, provided such requests are received within policy or member coverage term, as applicable. Any agreement to revive the lapsed or reduced paid-up policy/ member's insurance coverage would be subject to Company's prevailing underwriting policy.

The Company shall collect all the premiums due and other charges or late fee if any, as per the terms and conditions of the Policy, to revive the lapsed / reduced paid-up policy or member's coverage term, as applicable.

The late fees shall be calculated at such interest rate as may be prevailing at the time of the payment. The revival interest rate compounding annually, will be set using prevailing interest rates. The prevailing interest rates will be derived from yields of the 30 years G-Sec security. Any change in the interest rate used will be in accordance with the formula below:.

Annualized Yield on reference government bond + 100 basis points, rounded up to the nearest 25 basis points.

The revival interest rate for the financial year 2023-24 is 8.25% p.a.

The revival interest rate will be reviewed semi-annually and shall be revised using the above-mentioned formula and the change in the rate shall be effective from 25th February and 25th August each year.

Any change on basis of determination of interest rate for revival can be done only after prior approval of the authority.

Policy Loan This policy does not offer loan facility.

Premium payment

In case insurance coverage under any of the inbuilt optional benefits ceases before the completion of member coverage term, though member coverage continues for death benefit and other inbuilt optional benefits, if any, no further premium shall be payable for the remaining premium payment term (if any), for inbuilt optional benefit which has terminated.

Premium Payment Frequency

- The premium may be paid monthly, quarterly, half-yearly or annually in advance for one-year renewable term and regular pay policy.
- For non-annual premium payment frequency, instalment premiums are calculated by applying the loading factor as given below on annual premium:

Premium frequency	Loading factor
Monthly	4%
Quarterly	3%
Half-yearly	2%

Policy Changes/Alterations

Addition of members

- New members can join the policy during the year at any well-defined date. Premiums shall be collected in advance for insurance coverage being provided to such members. Any applicable levies, taxes, duties or surcharges will also be charged.
- The master policyholder should inform or intimate the Company with the list of new joiners preferably within 45 days from the date of new joiners becoming eligible to be admitted under this master policy.
- The effective date of coverage for the new joiners shall be the date of joining of the member or the date of intimation whichever is earlier. The Company shall communicate its decision on addition of Member based on its then prevailing

underwriting policy. In case of inadequate Premium, the insurance coverage will begin from the date of receipt of the full premium.

- Company will have right to discontinue addition of new members by giving a notice of 30 days to master policyholder of this effect.

Deletion of Members

- In case a member leaves the scheme during the member coverage term (due to reasons other than death), where master policyholder has paid the premium, the Company will refund applicable unexpired risk premium value (surrender value) with respect to such members to the master policyholder. Such members' insurance coverage will cease from the date of leaving.
- Member who has paid the premium for his/her insurance coverage leaves the scheme, shall continue his/her insurance coverage as per original terms and conditions of the master policy unless such member informs the Company about discontinuance of the insurance coverage.

In case of Lender-Borrower Schemes

Where the master policy is issued under Lender-Borrower category and master policyholder is one of the following entities:

- RBI regulated Scheduled Commercial Banks (including Co-operative Banks);
- NBFCs having Certificate of Registration from RBI;
- National Housing Bank (NHB) regulated Housing Finance Companies
- National Minority Development Finance Corporation (NMDFC) and its State channelizing agencies
- Small Finance Banks regulated by RBI
- Mutually Aided Cooperative Societies formed and registered under the applicable State Act concerning such Societies
- Microfinance companies registered under section 8 of the Companies Act, 2013
- Any other category as approved by the Authority, in accordance with IRDAI guidelines as amended from time to time,

the insured member may give Us a written authorization in the form specified by Us to make payment towards Insured member's outstanding loan balance amount to the master policyholder from lumpsum Death Benefit, Additional Accidental Death Benefit (ADB), Accident Death Benefit covered under Additional Personal Accident Benefit, Accelerated Terminal Illness Benefit, Accelerated Critical Illness Benefit, if any payable on happening of respective insured events. Under no circumstance, we will pay any amount more than the outstanding loan to the master policyholder from these respective benefits. The remainder of the lumpsum Death Benefit, Additional Accidental Death Benefit (ADB), Accidental Death Benefit covered under Additional Personal Accident Benefit, Accelerated Terminal Illness Benefit, Accelerated Critical Illness Benefit, if any shall be payable to the claimant other than the master policyholder.

Benefit on Foreclosure of loan

In case of lender-borrower schemes, in the event where the insured member(s) makes a prepayment for closure of the loan to the master policyholder or where the lender borrower relationship between an insured member and the master policyholder comes to an end prior to coverage end date (other than due to death of member), the insurance coverage provided to the insured member shall continue till the occurrence of covered insured event/s or end of the coverage term, whichever is earlier, as per applicable sum assured specified in the Certificate of Insurance, subject to the master policy being in-force. The insured member has the option to terminate his/her insurance coverage at the time of foreclosure of loan by applying for surrender and receive the unexpired risk premium value.

Actively at Work

Subject to prevailing underwriting policy, Company may require that the members covered under the Employer-Employee Scheme are not absent from work for more than 7 days immediately prior to commencement of insurance coverage.

Suicide Exclusion (in case of base death benefit)

- In case of schemes, where the insurance coverage is compulsory, suicide exclusion will not be applicable.
- In case of other schemes, under which members are covered on a voluntary basis and where the suicide exclusion clause is applicable, if the member commits suicide, whether sane or insane, within 12 (Twelve) months of continuous coverage from the date of inception of risk cover or from date of revival, as applicable, the nominee or beneficiary shall be entitled to get at least 80% of the total premiums paid till the date of death or unexpired risk premium value (surrender value) available as on the date of death, whichever is higher, provided such member's insurance coverage is in force.
- In case of joint life cover, on occurrence of first death due to suicide in the above -mentioned scenarios, the respective benefits as mentioned above in two scenarios will be paid to the surviving member and the insurance coverage will terminate for both the lives.

Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. The registered practitioner should not be the insured or close member of the family.

All medical professionals referred to in Digit Life Group Long Term Plan, that is, cardiologist, neurologist, consultant neurologist, rheumatologist, nephrologist, pathologist, specialist in respiratory medicine shall be registered Medical Practitioners.

Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours. Inpatient care means treatment for which the Insured Member has to stay in a Hospital for more than 24 hours for an insured event.

Waiting Period means a period of 90 days for Accelerated Critical Illness, Additional Critical Illness Benefit, Additional Multi-Stage Cancer Benefit (all sub-options under Health Cover Benefit) and 45 days for Additional Hospitalization Benefit (under Hospitalization Cover Benefit) starting from the effective date of insurance coverage for the member or from the date of revival of insurance coverage. No amount shall be payable in case of occurrence of covered critical illness Condition or in case of occurrence of covered condition under Additional Multi-Stage Cancer Benefit or on hospitalization under Additional Hospitalization Benefit within the Waiting Period. Waiting Period shall not be applicable in case critical illness condition/(s) or minor / major conditions under Additional Multi-Stage Cancer Benefit manifests due to an accident. Similarly waiting period shall not be applicable in case of Member's Hospitalization due an accident.

Definitions and Exclusions - Additional Accidental Death Benefit and Additional Accidental Total & Permanent Disability Benefit (ATPD Benefit) and Additional Personal Accident Benefit

"Accident" is defined as "A sudden, unforeseen and involuntary event, caused by external, visible and violent means.

Accidental Death The Accident shall result in bodily injury or injuries to the insured member independently of any other means. Such injury or injuries shall, within 180 days (in case of Additional Accidental Death Benefit) and within 12 months (in case of Accidental Death under Additional Personal Accident Benefit) of the occurrence of the Accident, directly and independently of any other means cause the death of the insured member. Such a death is defined as "Accidental Death". The date of the Accident should be after the start of insurance cover and before the termination/ expiry of the insured member's insurance cover.

Injury means accidental physical bodily harm excluding illness or disease, solely and directly caused by an external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

Exclusions to additional Accidental Death Benefit (ADB) and additional Accidental Total and Permanent Disability (ATPD) Benefit

No ADB benefit will be payable on death of the insured member or no ATPD benefit will be payable on occurrence of total and permanent disability to the insured member which happens directly or indirectly as a result of any of the following:

- 1) Infection: Death or ATPD caused or contributed to by any infection, except infection caused by an external visible wound accidentally sustained.
- 2) Intentional self-inflicted injury, suicide / attempted suicide while sane or insane.
- 3) Insured member being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.
- 4) War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, willful participation in strikes / acts of violence.
- 5) Participation by the Insured member in any flying activity, except as a bona fide fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable. However, pilots, cabin crew, aeronautical staff members in a licensed passenger carrying commercial aircraft operating on a regular scheduled route will be covered under this product as per Board Approved Underwriting Policy.
- 6) Participation by the insured member in a criminal or unlawful act with criminal intent.
- 7) Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping, horse racing or any kind of race.
- 8) Nuclear contamination, the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
- 9) Biological, chemical or radioactive contamination.

Exclusions to additional Personal Accident (PA) Benefit

No benefit under Additional Personal Accident Benefit shall be payable, if insured events under this benefit occur directly or indirectly as a result of any of the following:

- 1) Infection: Insured events under Additional Personal Accident Benefit caused or contributed to by any infection except, infection caused by an external visible wound accidentally sustained.
- 2) Intentional self-inflicted injury, suicide / attempted suicide while sane or insane.
- 3) Insured Member being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.
- 4) War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, willful participation in strikes / acts of violence.
- 5) Participation by the Insured Member in any flying activity, except as a bona fide fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable. However, pilots, cabin crew, aeronautical staff members in a licensed passenger carrying commercial aircraft operating on a regular scheduled route will be covered under this product as per Board Approved Underwriting Policy.
- 6) Participation by the insured member in a criminal or unlawful act with criminal intent.

- 7) Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping, horse racing or any kind of race.
- 8) Nuclear contamination, the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
- 9) Biological, chemical and radioactive contamination.
- 10) Hospitalization for treatment of accidental injuries which does not warrant Hospitalization, Domiciliary Hospitalization and OPD treatment are excluded.
- 11) Hospitalization / Treatment taken outside the geographical limits of India shall be excluded.
- 12) Hospitalization primarily for diagnostics and evaluation purpose.

Critical Illness Benefit and Multi-Stage Cancer Benefit – Definitions and Exclusions

Survival Period means the period of 30 days from the date of the first diagnosis of covered Critical Illness condition that the insured member has to survive to be eligible for receiving Critical Illness sum assured (if opted) under the master policy. Survival period is not applicable for Additional Multi-Stage Cancer Benefit.

Critical Illness (CI) Condition means the first diagnosis of any of the covered Critical Illnesses or undergoing any surgery explained and defined below:

1. CANCER OF SPECIFIED SEVERITY

- I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
- II. The following are excluded –
 - All tumors which are histologically described as carcinoma in situ, benign, pre- malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
 - Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - Malignant melanoma that has not caused invasion beyond the epidermis;
 - All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
 - All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
 - Chronic lymphocytic leukaemia less than RAI stage 3
 - Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
 - All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. MYOCARDIAL INFARCTION (First Heart Attack of specific severity)

- I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
 - A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
 - New characteristic electrocardiogram changes
 - Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II. The following are excluded:
 - Other acute Coronary Syndromes
 - Any type of angina pectoris
 - A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

- I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease- affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner.
- II. Catheter based techniques including but not limited to balloon valvotomy/valvuloplasty are excluded.

4. PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- II. The NYHA Classification of Cardiac Impairment are as follows:
 - Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

5. OPEN CHEST CABG

- I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
- II. The following are excluded:
 - Angioplasty and/or any other intra-arterial procedures

6. END STAGE LUNG FAILURE

- I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
 - FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
 - Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
 - Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 55mmHg); and
 - Dyspnoea at rest.

7. END STAGE LIVER FAILURE

- I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
 - Permanent jaundice; and
 - Ascites; and
 - Hepatic encephalopathy.
- II. Liver failure secondary to drug or alcohol abuse is excluded.

8. KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

- I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

9. MAJOR ORGAN /BONE MARROW TRANSPLANT

- I. The actual undergoing of a transplant of:
 - One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner
- II. The following are excluded:
 - Other stem-cell transplants
 - Where only Islets of Langerhans are transplanted

10. BENIGN BRAIN TUMOR

- I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
 - Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days

or

- Undergone surgical resection or radiation therapy to treat the brain tumor.

III. The following conditions are excluded:

- Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

11. COMA OF SPECIFIED SEVERITY

- I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
 - no response to external stimuli continuously for at least 96 hours;
 - life support measures are necessary to sustain life; and
 - permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

12. MAJOR HEAD TRAUMA

- I. Accidental head injury resulting in permanent Neurological deficit is to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means, and independently of all other causes.
- II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.
- III. The Activities of Daily Living are:
 - Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - Mobility: the ability to move indoors from room to room on level surfaces;
 - Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - Feeding: the ability to feed oneself once food has been prepared and made available.
- IV. The following are excluded:
 - Spinal cord injury;

13. PERMANENT PARALYSIS OF LIMBS

- I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

14. STROKE RESULTING IN PERMANENT SYMPTOMS

- I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- II. The following are excluded:
 - Transient ischemic attacks (TIA)
 - Traumatic injury of the brain
 - Vascular disease affecting only the eye or optic nerve or vestibular functions.

15. MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS

- I. Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

16. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II. Other causes of neurological damage such as SLE are excluded.

Specific Definitions:**17. SURGERY TO AORTA**

- I. The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

18. ABDOMINAL AORTA ANEURYSM

- I. An abdominal aortic aneurysm (AAA) is a swelling/dilatation (aneurysm) of the aorta – the main blood vessel that leads away from the heart, down through the abdomen to the rest of the body.
 - The diagnosis must be supported by a CT scans or CTA (Angiography) and requiring Endovascular aneurysm repair and the realization of surgery has to be confirmed by a cardiovascular surgeon.
 - Congenital conditions are excluded

19. CARDIOMYOPATHY

- I. A diagnosis of cardiomyopathy by a Specialist Medical Practitioner (Cardiologist). There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities for a minimum period of 30 days to at least Class 3 of the New York Heart Association classifications of functional capacity (heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain) and LVEF of 40% or less.
- II. The following conditions are excluded:
 - Cardiomyopathy secondary to alcohol or drug abuse.
 - All other forms of heart disease, heart enlargement and myocarditis.

20. PULMONARY ARTERY GRAFT SURGERY:

- I. The undergoing of surgery requiring median sternotomy on the advice of a Cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

21. APALLIC SYNDROME

- I. Universal necrosis of the brain cortex, with the brain stem intact. Diagnosis must be definitely confirmed by a Registered Medical practitioner who is also a neurologist holding such an appointment at an approved hospital. This condition must be documented for at least one (1) month.

22. PARKINSON'S DISEASE

- I. The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to Us.
- II. The diagnosis must be supported by all of the following conditions:
 - the disease cannot be controlled with medication;
 - signs of progressive impairment; and
 - inability of the Insured Person to perform at least 3 of the 6 activities of daily living (either with or without the use of mechanical equipment, special devices or other aids and Adaptations in use for disabled persons) for a continuous period of at least 6 months.
- III. Parkinson's Disease secondary to drug and/or alcohol abuse is excluded.

23. MUSCULAR DYSTROPHY

- I. A group of hereditary degenerative diseases of muscle characterised by progressive and permanent weakness and atrophy of certain muscle groups. The diagnosis of muscular dystrophy must be unequivocal and made by a Neurologist acceptable to Us, with confirmation of at least 3 of the following four conditions:
 - Family history of muscular dystrophy;
 - Clinical presentation including absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction;
 - Characteristic electromyogram; or
 - Clinical suspicion confirmed by muscle biopsy.
- II. The condition must result in the inability of the Insured Person to perform at least 3 of the 6 activities of daily living (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months. Activities of daily living means:

- Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring: The ability to move from a bed to an upright chair or wheel chair and vice versa;
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding: the ability to feed oneself, once food has been prepared and made available.
- Mobility: The ability to move indoors from room to room on level surfaces

24. PROGRESSIVE SUPRANUCLEAR PALSY:

- I. A diagnosis of progressive supranuclear palsy by a Specialist Medical Practitioner (Neurologist). There must be permanent clinical impairment of eye movements and motor function for a minimum period of 30 days.

25. CREUTZFELDT-JAKOB DISEASE (CJD)

- I. A Diagnosis of Creutzfeldt-Jakob disease must be made by a Specialist Medical Practitioner (Neurologist). There must be permanent clinical loss of the ability in mental and social functioning for a minimum period of 30 days to the extent that permanent supervision or assistance by a third party is required.
- II. Social functioning is defined as the ability of the individual to interact in the normal or usual way in society.
- III. Mental functioning would mean functions /processes such as perception, introspection, belief, imagination reasoning which we can do with our minds.

26. BACTERIAL MENINGITIS

- I. Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal chord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more Activities for Loss of Independent Living.
- II. This diagnosis must be confirmed by:
 - The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
 - A consultant neurologist certifying the diagnosis of bacterial meningitis.

27. ALZHEIMER'S DISEASE

- I. Alzheimer's disease is a progressive degenerative illness of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality.
- II. Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a specialist Medical Practitioner (Neurologist) and supported by Our Appointed Medical Practitioner, evidenced by findings in cognitive and neuro radiological tests (e.g. CT scan, MRI, PET scan of the Brain). The disease must result in a permanent inability to perform three or more Activities with Loss of Independent Living or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 days
- III. The following conditions are however not covered:
 - non-organic diseases such as neurosis and psychiatric illnesses;
 - alcohol related brain damage; and
 - any other type of irreversible organic disorder/dementia.

28. ENCEPHALITIS

- I. Severe inflammation of the brain tissue due to infectious agents like viruses or bacteria which results in significant and permanent neurological deficits for a minimum period of 30 days, certified by a specialist Medical Practitioner (Neurologist)
- II. The permanent deficit should result in permanent inability to perform three or more Activities for Loss of Independent Living.

29. LOSS OF INDEPENDENT EXISTENCE

- I. Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three (3) of Activities of Daily Living .

30. SYSTEMIC LUPUS ERYTHEMATOUS

- I. A multi-system, multifactorial, autoimmune disorder characterized by the development of autoantibodies directed against

various self-antigens. Systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V lupus nephritis, established by renal biopsy, and in accordance with the World Health Organization (WHO) classification). The final diagnosis must be confirmed by a registered Medical Practitioner specializing in Rheumatology and Immunology acceptable to Us, Other forms, discoid lupus, and those forms with only hematological and joint involvement are however not covered:

II. The WHO lupus classification is as follows:

- Class I: Minimal change – Negative, normal urine.
- Class II: Mesangial – Moderate proteinuria, active sediment.
- Class III: Focal Segmental – Proteinuria, active sediment.
- Class IV: Diffuse – Acute nephritis with active sediment and/or nephritic syndrome.
- Class V: Membranous – Nephrotic Syndrome or severe proteinuria.

31. GOODPASTURE'S SYNDROME

I. Goodpasture's syndrome is an autoimmune disease in which antibodies attack the lungs and kidneys, leading to permanent lung and kidney damage. The permanent damage should be for continuous period of at least 30 Days. The Diagnosis must be proven by Kidney biopsy and confirmed by a Specialist Medical Practitioner (*Rheumatologist or Nephrologist*).

32. FULMINANT HEPATITIS

I. A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure.

II. This diagnosis must be supported by all of the following:

- Rapid decreasing of liver size;
- Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- Rapid deterioration of liver function tests;
- Deepening jaundice; and
- Hepatic encephalopathy.

III. Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

33. PNEUMONECTOMY

I. The undergoing of surgery on the advice of an appropriate Medical Specialist to remove an entire lung for disease or traumatic injury suffered by the life assured.

II. The following conditions are excluded:

- Removal of a lobe of the lungs (lobectomy)
- Lung resection or incision

34. APLASTIC ANAEMIA

I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:

- Blood product transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplantation.

II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present:

- Absolute Neutrophil count of 500 per cubic millimetre or less;
- Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and
- Platelet count of 20,000 per cubic millimetre or less.

Additional Multi-Stage Cancer Conditions - Definitions and Exclusions

Multi-Stage Cancer Conditions means first diagnosis of any of the covered minor or major conditions under Additional Multi-Stage Cancer Benefit. Following are the definitions of such minor and major conditions covered under Additional Multi-Stage Cancer Benefit:

1. Carcinoma-in-Situ (CIS) of any organ (except skin)

- It means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. Invasion means an infiltration and/or active destruction of normal tissue beyond the basement membrane.
- The diagnosis of Carcinoma-in-Situ must always be supported by a histopathological report.
- Furthermore, the diagnosis of Carcinoma-in-Situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.
- In the case of cervix uteri, Pap smear alone is not acceptable and should be accompanied with cone biopsy and colposcopy with the cervical biopsy report clearly indicating presence of CIS.

- Clinical diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I and CIN II (where there is severe dysplasia without Carcinoma-in-Situ) does not meet the required definition and are specifically excluded.
- All CIS of skin are specifically excluded.
- This coverage is available to the first occurrence of CIS of same organ. Multiple claims from the same organ shall not be admissible.

2. Early-Stage Cancers

- Early-Stage Cancer shall mean first ever diagnosis with presence of one of the following malignant conditions:
 - i) Any malignant tumor of the thyroid, positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of the tissue, which is histologically classified as T1N0M0 according to the TNM classification system, or another equivalent classification.
 - ii) Prostate tumor should be histologically described as TNM Classification T1a or T1b or T1c are of another equivalent classification.
 - iii) Chronic lymphocytic leukaemia classified as Rai Stage I or II.
 - iv) Basal Cell and Squamous skin cancer that has spread to distant organs beyond the skin
 - v) Hodgkin's lymphoma Stage I by the Cotswold's classification staging system
 - vi) All tumors of urinary bladder histologically classified as T1N0M0 (TNM Classification)

The diagnosis must be based on histopathological features and confirmed by a pathologist. Pre-malignant lesions and conditions, unless listed above are excluded.

3. Cancer of Specified Severity As defined in Definition (1) under Critical Illness conditions

Accelerated / Additional Critical Illness Benefit and Additional Multi-Stage Cancer Benefit – General Exclusions

Claim for Critical Illness Benefit will be accepted subject to survival period of 30 days and waiting period of 90 days. Claim for Additional Multi-Stage Cancer Benefit will be accepted subject to waiting period of 90 days. Waiting period shall not be applicable if critical illness condition manifests due to an accident.

Notwithstanding anything to the contrary stated herein and in addition to the foregoing exclusions, no Critical Illness Benefit / Multi-Stage Cancer Benefit will be payable if any of the covered conditions under Critical Illness / Multi-Stage Cancer occurs from, or is caused or aggravated, either directly or indirectly by, voluntarily or involuntarily, due to one of the following:

- 1) Congenital Condition: Any external congenital condition or related illness is not covered. In case any internal congenital condition or related illness is known and was/is being treated, is disclosed at proposal stage and accepted, claims will be processed as per Policy terms and conditions.
- 2) Any covered condition or its signs or symptoms having occurred within the Waiting Period.
- 3) Drug Abuse: Insured Member being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered independent medical practitioner.
- 4) Pre-existing Disease: means any condition, ailment, Injury or disease:
 - that is/are Diagnosed by a physician within 48 months prior to the effective date of the Insurance Coverage issued by Company or
 - for which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the Insurance Coverage or its Revival.
- 5) Self-inflicted Injury: Intentional self-inflicted injury by the Insured Member.
- 6) Suicide: If the condition covered under Critical Illness Benefit / Multi-Stage Cancer Benefit was contracted due to attempted suicide.
- 7) Criminal Acts: Insured Member involvement in criminal activities with criminal intent.
- 8) War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, willful participation in strikes / acts of violence.
- 9) Nuclear Contamination: Exposure to radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
- 10) Biological, chemical or radioactive contamination.
- 11) Aviation: Participation by the Insured Member in any flying activity, except as a bona fide fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable. However, Pilots, Cabin crew, aeronautical staff members in a licensed passenger carrying commercial aircraft operating on a regular scheduled route will be covered under this product as per Board Approved Underwriting Policy.
- 12) Hazardous sports and pastimes: Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping, horse racing or any kind of race.
- 13) Any treatment of the donor for the replacement of an organ.
- 14) Unreasonable failure to seek or follow medical advice or treatment by a Medical Practitioner leading to occurrence of the

insured event or Member delaying medical treatment in order to circumvent the Waiting Period or other conditions and restrictions applying to this Policy.

Additional Hospitalization Benefit – General Exclusions

No Benefits shall be payable with respect to any of the hospitalization unless the entire period of confinement to hospital and all the Hospital services rendered and performed there have been recommended by a registered medical practitioner and are in accordance with the diagnosis and treatment of the condition for which hospitalization was required.

The Company shall not be liable to make any payment if hospitalization or claims are attributable to, or based on, or arise out of, or are directly or indirectly connected to any of the following:

- 1) Pre-existing Disease: means any condition, ailment, Injury or disease:
 - that is/are Diagnosed by a physician within 48 months prior to the effective date of the Insurance Coverage issued by Company or
 - for which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the Insurance Coverage or its Revival.
- 2) Hospitalization / treatment within the waiting period and hospitalization / treatment following the diagnosis within the waiting period. However, waiting period shall not be applicable for hospitalization due to accidental injuries.
- 3) Hazardous sports and pastimes: Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping, horse racing or any kind of race.
- 4) Aviation: Participation by the insured member in any flying activity, except as a bona fide fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable. However, pilots, cabin crew, aeronautical staff members in a licensed passenger carrying commercial aircraft operating on a regular scheduled route will be covered under this product as per Board Approved Underwriting Policy.
- 5) War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, willful participation in strikes / acts of violence.
- 6) Criminal Acts: Insured member involvement in criminal activities with criminal intent.
- 7) Nuclear Contamination: Exposure to radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature; Biological, chemical or radioactive contamination.
- 8) Any treatment due to any external congenital conditions.
- 9) Any dental surgery, extraction of impacted tooth/teeth, orthodontics or orthognathic surgery, or tempero-mandibular joint disorder except as necessitated by an accidental injury;
- 10) Treatment arising from or traceable to pregnancy which shall include childbirth, infertility, miscarriage, abortion, sterilization and contraception including complications related thereto / treatment to assist reproduction including IVF treatment.
- 11) Hospitalization primarily for investigatory purpose, diagnosis, X-ray examinations, general physical or routine medical examinations; preventive treatment or medicines, treatments/ examinations specifically for weight management regardless of whether the same is caused by a medical condition; or any treatment or study related to sleep disorder or sleep apnoea syndrome.
- 12) Convalescence, general debility, custodial, sanitarium, rehabilitation centre, nature care clinics, or respite care or long-term nursing care.
- 13) Stem cell implantation or surgery, harvesting/storage/any other treatment using stem cells, or any type of hormone replacement therapy.
- 14) Any form of plastic surgery except to the extent that such surgery is necessary for the treatment of cancer, burns or Accidental Injuries happened during the contract period ;
- 15) Cosmetic or aesthetic treatments, treatment or surgery for change of life / gender

- 16) Treatment of xanthelasma, syringoma, acne and alopecia;
- 17) Circumcision unless necessary for treatment of a disease or necessitated due to an Accident;
- 18) Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health and/ or who has been declared brain dead, as demonstrated by:
 - Deep coma and unresponsiveness to all forms of stimulation; or
 - Absent pupillary light reaction; or
 - Absent oculovestibular and corneal re-exes; or
 - Complete apnea
- 19) Treatment for accidental physical injury or illness caused by violation or attempted breach of the law, or resistance to arrest;
- 20) Hospitalization and treatment of any kind not actually performed, not necessary or reasonable, or any kind of elective surgery or treatment which is not medically necessary.
- 21) Any treatment for any sexually transmitted disease (STD), and its related complications (except for HIV / AIDS); treatment of any sexual problem including impotence (irrespective of the cause) and sex changes / gender reassignments or erectile dysfunction.
- 22) Treatment for or arising from an Injury that is intentionally self-inflicted, including attempted suicide.
- 23) Hospitalization due to use and abuse of any substance, drug (not prescribed by registered independent medical practitioner) or alcohol or treatment for de-addiction / smoking cessation programs or taking of poison.
- 24) Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- 25) Treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
- 26) Routine eye examinations and ear examinations, cochlear implants, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, hair fall treatment & products, and all other similar external appliances and / or devices whether for diagnosis or treatment.
- 27) Unreasonable failure to seek or follow medical advice or treatment by a Medical Practitioner leading to occurrence of the insured event or Member delaying medical treatment in order to circumvent the Waiting Period or other conditions and restrictions applying to this Policy.
- 28) Any treatment related to donor screening or treatment including surgery to remove organs of a donor for the replacement of an organ (where Member is donor)
- 29) Ayurvedic, Homeopathy, Unani, Yoga and naturopathy, Siddha, reflexology, acupuncture, bone-setting, herbalist treatment, hypnotism, Rolfing, massage therapy, aroma therapy or any other treatments other than Allopathy/ western medicines.
- 30) Hospitalization / any treatment received outside India
- 31) Treatment for developmental problems including learning difficulties e.g. Dyslexia, behavioral problems
- 32) The following diseases/surgeries and any complications arising out of them will not be covered during the first two years from the Risk Commencement Date or date of Revival:
 - Deviated Nasal Septum/Nasal and Paranasal Sinus Disorders
 - Diseases of Tonsils / Adenoids
 - Surgery of Thyroid Gland excluding Malignancy
 - All types of Hernia
 - Hydrocele / Varicocele / Spermatocele
 - Piles / Fissure / Fistula-in-Ano / Rectal Prolapse
 - Benign Prostatic Hypertrophy
 - Menstrual Irregularities, Dysfunctional Uterine Bleeding
 - Hysterectomy with or without Bilateral Salpingo-oophorectomy excluding Malignancy
 - Uterine Fibroid
 - Calculus Diseases
 - Prolapsed Intervertebral disc
 - Retinopathy /Retinal detachment
 - Peripheral Vascular Diseases due to diabetes / diabetic foot
 - Renal failure due to diabetes

- Osteoporosis / Pathological Fracture
- Cataract
- Joint replacements except due to an accident (one knee or one hip replacement in a Coverage Year)
- Congenital Internal Disease or Anomalies or Disorder

Nomination Provisions: The nomination shall be subject to Section 39 of the Insurance Act, 1938, as amended from time to time.

Assignment Provisions: Assignment shall be as per the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time.

Section 41: Prohibition of Rebate: Under the provisions of Section 41 of the Insurance Act, 1938 as amended from time to time

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer:
2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

Section 45 of the Insurance Act, 1938 as amended from time to time

Fraud, misstatement and forfeiture would be dealt with in accordance with provisions of Sec 45 of the Insurance Act 1938 as amended from time to time. For provisions of this Section, please contact the Insurance Company or refer to the policy contract of this product.

Beware of Spurious/Fraud Phone Calls: IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

Please Note: In the event of any inconsistency or contradiction between the sales brochure and policy terms & conditions, the terms and conditions contained in the policy will prevail.

Annexure I – Wellness Benefit Program

Below listed benefits will be made available under Wellness Benefit Program

- 1. Doctor on Call** Upon Insured member’s request, we will facilitate an appointment, through our empanelled Service Provider, with a Medical Practitioner who can help Insured member by providing round-the-clock medical helpline services through an online portal as a chat service, a call back service or a voice call service or a video call service.
- 2. Wellness Coach**
In order to educate, empower and engage Insured member to become more aware of his/her health and proactively manage it, We will, through periodic communications like e-mailers, blogs, videos, webinar and online platform provide him/her information on wellness coaching including but not limited to the areas as provided below:
 - a) Weight Management
 - b) Activity and Fitness
 - c) Nutrition
 - d) Tobacco Cessation
 - e) Alcohol Abuse de-addiction Program
 - f) Information on various diseases
 - g) Dietary Plans

3. Lab Services and Imaging (For Diagnostic Services)

Upon Insured member’s request, We will facilitate, through Our empanelled Service Provider, Collection of test samples such as blood, urine, stool etc or imaging for further testing and analysis. The cost of these tests and reports will have to be borne by the Insured member.

4. Pharmacy (Home Delivery)

Upon Insured member’s request, We will facilitate, through Our Empanelled Service Provider, home delivery of the Medications Prescribed by a Registered Medical Practitioner and nutritional supplement from the nearby Network Pharmacy, subject to copy of prescription being shared (where ever required) and availability of the medication with the Pharmacy. The cost of the medication will have to be borne by the Insured member.

5. Vital/Physical Activity Monitoring Services

Upon member’s request, We will facilitate, through Our Empanelled Service Provider, the integration of his/her Health Device(s), or Digital Wearables or trackers such as Blood-Pressure Monitors, Glucometers, Wireless Pedometers, heart rate monitors, pulse oximeters, non-invasive wearable blood-sugar sensors, Smart Watches etc. to an online database that will track and asses his/her

vitals as reported by the device. It can provide periodic updates and reports of Insured member's health status. The cost of the device will have to be borne by the Insured member.

6. Reminder Notifications

Upon Insured member's request, We will facilitate, through Our Empanelled Service Provider, routine notification messages via mail or a messaging portal or a follow-up call to the Insured member as a reminder to schedule his/her medical appointments and/or take daily dosage of his/her medicine as per the information shared by the him/her.

7. Medical Wallet

Upon Insured member's request, We will arrange, through Our Empanelled Service Provider, for a medical wallet. This will be a digital cloud service which will allow the Insured member to store all his/her medical reports online. It will provide easy access of Medical history and reports to the treating Medical Practitioners and to any other person with whom he/she may share the login and access codes, easing his/her need to physically carry documents with himself/herself.

8. Report Aggregation

Upon Insured member's request, We will facilitate, through Our Empanelled Service Provider, for regular analysis of his/her health status as per the medical records/reports/information or data shared by him/her. It will highlight his/her wellbeing or any areas of concern or deterioration in his/her health, allowing him/her to take necessary calls about his/her health.

9. Home Care Services

Upon Insured member's request, We will facilitate, through Our Empanelled Service Provider, Home Care Services for him/her in case he/she are in need of services, including but not limited to the following:

- a) Home Care Nursing
- b) Patient Assistant
- c) Physiotherapy
- d) Yoga Trainer
- e) Psychologist
- f) Palliative Care
- g) Renting Medical equipment. For Example - Wheel-Chair, Patient Bed, Oxygen Cylinder etc.
- h) Doctor Visit
- i) Elderly care and senior living assistance related to their health condition

The cost of the Services/Equipment will have to be borne by the Insured member.

10. Ambulance Arrangement Services

Upon Insured member's request, We will facilitate, through Our Empanelled Service Provider, ambulance services for his/her transportation subject to availability of ambulance in the area where such service needs to be arranged. The cost of the transportation will have to be borne by the insured member.

11. Pick up and drop services for consultation

Upon Insured member's request, We will facilitate, through Our Empanelled Service Provider, Pick-up and Drop Service, for his/her transportation to the Health Care Facility for treatment/Diagnostics subject to availability of vehicle/taxi in the area where such service needs to be arranged. The cost of the transportation will have to be borne by Insured member.

12. Prioritizing Appointments

Upon Insured member's request, We will facilitate, through Our Empanelled Service Provider, prioritization of his/her appointment, based on the urgency, with the Network Providers offering the necessary consultation/treatment/diagnostics/packages/memberships/risk assessment/procedures subject to availability of the service(s). The cost of the Consultancy/Diagnostic will have to be borne by the Insured member. These may include the following but not limited to:-

- Doctors' services
- Nursing services
- Dietitian services

13. Mental wellbeing

Upon Insured member's request, We will facilitate, through Our empanelled Service Provider, self- assessments, therapy sessions, activities and educational/awareness blogs, videos and webinars. The cost of these sessions will have to be borne by the Insured member.

14. Physiotherapy

Upon Insured member's request, We will facilitate, through Our empanelled Service Provider, consultation and treatment sessions/packages, pain management sessions, ergonomics sessions. The cost of these services will have to be borne by the Insured member.

15. Childcare/Children's activities

Upon Insured member's request, We will facilitate, through Our empanelled Service Provider, recreational/developmental activities for children of different age groups. The cost of these services will have to be borne by the Insured member.

16. Out-Patient (OPD) Services

Upon Insured member's request, We will facilitate, through Our empanelled Service Provider, outpatient care services like doctor consultation, pharmacy and diagnostics, both online and onsite. The cost of these services will have to be borne by the Insured member.

17. Fitness

Upon Insured member's request, we will facilitate, through our empanelled service provider, access to membership or classes of fitness activities like but not limited to sports, yoga, Zumba, Pilates, dance, fitness coach services at gymnasiums, health studios, fitness centres, sports centres and playgrounds. The cost of these services will have to be borne by the Insured member.

Terms and Conditions applicable to Wellness Benefit Program

1. Any Information provided by the Insured member shall be kept confidential.
2. For services which are provided through Our Empanelled Service Provider/Medical Experts/Centres, We are acting only as a facilitator, hence We would not be liable for any incremental costs or the services. We will not charge any premium amount for the services. Insured member needs to pay directly to the Service Provider/Medical Experts/Centres for the services availed.
3. All medical services are being provided by Empanelled Service Provider/Medical Experts/Centres who are empanelled after full due diligence. Insured member may however consult their Personal/Family Doctor before availing the medical services. The decisions to utilise the services will solely be at the discretion of the Insured member.
4. We or its Group Entities, affiliates, officers, employees, agents, are not responsible for or liable for any actions, claims, demands, losses, damages, costs, charges, and expenses which an Insured member may claim to have suffered or sustained or incurred by way of or on account of utilization of any benefits specified herein.
5. This shall not be deemed to substitute the Insured member's visit or consultation to an Independent Medical Practitioner. The Insured member is free to choose whether or not to undergo the same and if done whether or not to act on it.
6. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner

Annexure B

(Applicable to SECTION 18. Hazardous or Adventure Sports Cover of I. Digit Group Complete Secure Policy)

List of **Hazardous or Adventure sports cover**:

All the below given Adventure Sports/Hazardous Sports are subject to special conditions and special exclusions given below:

Special conditions are applicable to Section 18- Hazardous or Adventure sports cover, if mentioned against individual covers in below list:

- a. You must be with a professional, qualified and licensed guide, instructor or operator.
- b. You must have the appropriate certification or license to participate in this sport, activity or experience at home. If operating a motor vehicle, the driver must hold the appropriate valid license in their country where such activity is being undertaken.
- c. Within 60 miles of a safe haven (a protected body of water used by marine craft for refuge from storms or heavy seas).
- d. Conventional skiing/snowboarding only. It is not a condition of cover that you ski or snowboard with a guide, however, you must follow the International Ski Federation code or the resort regulations; you must not venture into back country areas without taking local advice and appropriate rescue equipment.
- e. Conventional scuba diving only. You are limited to your current qualification limit, unless accompanied by a qualified instructor, taking part in a recognized course requirement of your chosen Diving Association. You must hold a current P.A.D.I. (Professional Association of Diving Instructors), S.S.I. (Scuba Schools International), B.S.A.C. (British Sub Aqua Club), SAA (Sub Aqua Association), C.M.A.S. (Confederation Mondiale Des Activities Subaquatiques), or equivalent internationally recognized qualification and follow their relevant Association, Club or Confederation rules and guidelines at all times, or you must only dive under the constant supervision of a properly licensed Diving Instructor and follow their rules and instructions at all times.

Specific Exclusion for section 18 – Hazardous or Adventure sports cover will be applicable, if mentioned against the individual covers in below list:

- i. Any competition, free-style skiing / snowboarding, ski/ snowboard jumping, ski-flying, ski / snowboard acrobatics, ski / snowboard stunting, or ski racing or national squad training, the use of skeletons.
- ii. Any unaccompanied dive, any dive for gain or reward, any dive which takes you below your current qualification limits, or any dive below 50 metres under any circumstances.
- iii. Free mountaineering, climbing in remote or inaccessible regions, exploratory expeditions and new routes, high altitude climbing over 6,000 metres, mountaineering expeditions or activities within Antarctica, the Arctic Circle or Greenland.
- iv. Personal Accident

HAZARDOUS OR ADVENTURE SPORTS COVER	Level	SPECIAL CONDITIONS THAT APPLY	SPECIAL EXCLUSIONS THAT APPLY
Acrobatics	0		
Aerobics	0		
Air guitar	0		
Athletics	0		
Badminton	0		
Baseball	0		
Basketball	0		
Bowling (lawn, ten-pin, nine-pin, candlepin, duckpin and five-pin bowling, bowls, pétanque & boules)	0		
Canoeing (inland/coastal waters, grades 1-3 only)	0		
Cheerleading	0		
Cricket	0		
Croquet	0		
Curling	0		
Dance (ballet, ballroom, capoeira, salsa, interpretive dance)	0		
Darts	0		
Dodge ball	0		
Dragon boating (inland or coastal waters only)	0		
Fitness training	0		
Floorball	0		
Football (Soccer) including 5 a side	0		
Frisbee	0		
Golf	0		
Gym training (aerobics, spinning, Zumba, body pump, weight training, cross training, crossfit) (See also Boxing and Martial arts)	0		Policy excludes Power lifting
Gymnastics	0		
Handball	0		
Hockey	0		
Kayaking (inland/coastal waters, grades 1-3 only)	0		
Kite buggy	0		-
Kite flying	0		
Kite surfing	0		
Korfball	0		
Lacrosse	0		
Martial arts training (non-contact)	0		
Netball	0		
Orienteering	0		
Outdoor endurance	0		
Outrigger canoeing (inland or coastal waters only)	0		
Racquetball	0		
Roller hockey	0		
Roller skating	0		Policy excludes stunting
Rollerblading	0		Policy excludes stunting
Rounders	0		
Running/jogging (up to marathon distance)	0		Policy excludes Running of the Bulls.
Sandboarding/sand skiing	0		
Skateboarding (ramp, half pipe, skate park, street)	0		
Snooker	0		
Snorkelling	0		
Soccer	0		
Softball	0		
Squash/racquetball	0		
Stand up paddle surfing/paddle boarding	0		
Stilt walking	0		
Stoolball	0		

Surf boat rowing	0		
Surfing	0		
Table tennis	0		
Tchoukball	0		
Tennis	0		
Ultimate Frisbee	0		
Volleyball	0		
Wake skating	0		
Wakeboarding (see Water skiing)	0		
Yoga (class, alone/home practice)	0		
Yoga (teaching)	0	Special Condition (b)	-
Swimming (man-made swimming pool)	0		
Aqua zorbing (man-made swimming pool)	0		
Land zorbing (200 FT)	0		
Underwater walk	0		
Artificial rock climbing	0		
Buggy Ride	0		
Swoop Swing(100 Ft)	0		
Dirt Biking	0		
Gyro	0		
Rodeo-Bull ride	0		
Bubble Soccer	0		
Rocket Ejector	0		
Hard ball Net cricket	0		
Foosball	0		
American football (Gridiron)	1		Special Exclusion (iv)
Australian Rules Football (AFL)	1		Special Exclusion (iv)
Backpacking (2,000 up to 4,500 meters)	1		Special Exclusion (iii)
Banana boat rides	1	Special Condition (a)	
Bungee/bungy jumping	1	Special Condition (a)	
Bushwalking (2,000 up to 4,500 meters)	1		Special Exclusion (iii)
Camping up to 4,500 metres (see also Hiking and Mountaineering)	1		Special Exclusion (iii)
Canyon swing	1	Special Condition (a)	
Caving (sightseeing/tourist attraction)	1	Recreational visit only	
Clay pigeon shooting	1	Special Exclusion (a) or (b)	
Cycling (2000 to 4,500 meters – all styles including touring and organised tours)	1		Policy excludes Yungas Road/Death Road.
Dirt boarding	1		-
Dogsledding (on recognised trails)	1	Special Condition (a)	Policy excludes remote areas, racing, time trials and endurance events
Fencing	1		-
Fly by wire	1	Special Condition (a)	
Flying (as a fare paying passenger in a licensed scheduled or chartered aircraft or helicopter)	1	Special Condition (a)	
Flying (as a passenger of a private light aircraft)	1		Policy excludes stunt flying/aerobatics and commercial flying. Special Exclusion (iv)
High diving up to 10 metres	1		Policy excludes cliff diving
Hiking 2,000 metres up to 4,500 metres (scrambling, hillwalking) on recognised routes	1		Policy excludes where ropes, picks or other specialist climbing equipment is required. Special Exclusion (iii)
Horse riding (leisure/social, non-competitive equestrian, dressage, show jumping, eventing)	1		Policy excludes racing. Special Exclusion (iv)
Hunting (excluding big game hunting and hunting in India)	1	Special Condition (a) or (b)	Policy excludes Big Game Hunting.
Ice hockey	1		Special Exclusion (iv)
Ice skating (indoor or outdoor) on a commercially managed rink	1	Special Condition (a)	
Land surfing	1		-

Moped riding/Scooter biking	1	Special Condition (b); and a helmet must be worn	-
Motor racing experience (passenger only)	1	Special Condition (a)	
Motor biking	1	Special Condition (b); and a helmet must be worn	-
Mountain biking (up to 4,500 meters – all styles including touring and organised tours)	1		Policy excludes Yungas Road/Death Road.
Outward Bound	1	Special Condition (a)	
Quad biking	1	Special Condition (a) or (b); and a helmet must be worn	Special Exclusion (iv)
Rock climbing (bouldering)	1		Special Exclusion (iv)
Rowing/sculling (inland/coastal waters)	1		-
Safari tours	1	Special Condition (a)	Policy excludes handling and/or work with dangerous animals including big cats, crocodiles, alligators, hippopotamuses, snakes, elephants or bears
Sailing	1	Special Condition (a) or (b); and Special Condition (c)	-
Segway tours	1	Special Condition (a); and a helmet must be worn	Special Exclusion (iv)
Sleigh rides	1	Special Condition (a)	Policy excludes remote areas.
Speed boating (inland/coastal waters only)	1	Special Condition (a) or (b)	Policy excludes speed boating on white water or outside coastal waters.
Swimming	1		Policy excludes swimming outside coastal waters.
Swimming with whales/whale sharks (inside or outside coastal waters)	1	Special Condition (a)	
Theme parks / fairgrounds	1	Special Condition (a)	
Water skiing/wakeboarding	1	Special Condition (a) or (b)	Policy excludes jumping.
Windsurfing (inland or coastal waters only)	1		-
Working - Non-manual work	1		-
Working - manual work	1		-
Zip line (Flying fox)	1	Special Condition (a)	
Abseiling (rappelling, rapping, rap jumping, deepelling, abbing); see also Climbing, and Mountaineering	2	Special Condition (a)	
Aerial safari	2	Special Condition (a)	Special Exclusion (iv)
Backpacking (4,500 up to 6,000 meters)	2		Special Exclusion (iii)
Boxing (gym or outdoor training)	2		Policy excludes boxing competition or bouts.
Bushwalking (4,500 up to 6,000 meters)	2		Special Exclusion (iii)
Camel riding/trekking	2	Special Condition (a)	
Camping 4,500 up to 6,000 metres (see also Hiking and Mountaineering)	2		Special Exclusion (iii)
Canyoning	2		Special Exclusion (iv)
Cave diving / Cavern diving	2	Special Condition (e)	Policy excludes cliff diving.
Cycling (4,500 up to 6,000 meters – all styles including touring and organised tours)	2		Policy excludes Yungas Road/Death Road.
Dune buggy	2	Special Condition (a) or (b)	-
Elephant riding/trekking	2	Special Condition (a)	-
Fishing	2	Sports / leisure fishing only. Special Condition (a) or (b); and Special Condition (c)	Policy excludes commercial fishing and rock fishing.
Glacier walking/ice walking	2	Special Condition (a)	Special Exclusion (iii)
Gliding	2	Special Condition (a) or (b)	Special Exclusion (iv)
Go karting	2	Special Condition (a)	-
Hiking 4,500 up to 6,000 metres (scrambling) on recognised routes	2		Policy excludes where ropes, picks or other specialist climbing

			equipment is required. Special Exclusion (iii)
Hot air ballooning (ballooning)	2	Special Condition (a) or (b)	-
Jet boating (inland/coastal waters only)	2	Special Condition (a) or (b)	-
Jet skiing (inland/coastal waters, grades 1-2 only)	2	Special Condition (a) or (b)	-
Kite boarding (on land or water)	2		
Mountain biking (4,500 up to 6,000 meters – all styles including touring and organised tours)	2		Policy excludes Yungas Road/Death Road.
Paint balling/airsoft	2	Special Condition (a)	-
Parachuting	2	Special Condition (a) or (b)	Policy excludes parachuting from a hot air balloon.
Rifle range/sports shooting	2	Special Condition (a) or (b)	-
River boarding/hydro speeding (grades 1-3)	2	Special Condition (a)	
Rock climbing (indoor)	2	Special Condition (a)	Policy excludes soloing. Special Exclusion (iv)
Scuba diving (to 50 metres)	2	Special Condition (e)	Policy excludes cliff diving. Special Exclusion (ii) and (iv)
Skiing / snowboarding (on piste, off piste, heli-skiing, heliboarding)	2	Special Condition (d)	Special Exclusion (i)
Sledding/Tobogganing/Snow Sleds/Snow Sleighs (on snow)	2		Policy excludes remote areas, racing, time trials and endurance events.
Snowmobiling Tandem skydiving	2	Special Condition (a) Special Condition (a)	Policy excludes remote areas, racing, time trials and endurance events.
	2		Policy excludes skydiving from a hot air balloon.
Tubing on rivers (see also Black water rafting)	2	Special Condition (a)	Special Exclusion (iv)
Via Ferrata	2		
Zorbing	2	Special Condition (a)	Special Exclusion (iv)
Backpacking (Above 6,000 meters)	3		Special Exclusion (iii) and (iv), except for high altitude climbing over 6,000 metres
Black water rafting (cave tubing) (grades 1-5)	3	Special Condition (a)	Special Condition (iv)
Bobsled/Bobsleigh	3	Special Condition (a)	Special Exclusion (i) and (iv)
Bushwalking (Above 6,000 meters)	3		Special Exclusion (iii) and (iv), except for high altitude climbing over 6,000 metres
Camping above 6,000 metres (see also Hiking and Mountaineering)	3	-	Special Exclusion (iii) and (iv), except for high altitude climbing over 6,000 metres
Free diving (up to 50 meters) Hang gliding	3	Special Condition (a)	Policy excludes cliff diving.
	3		Special Exclusion (iv)
Hiking above 6,000 metres (scrambling) on recognised routes	3		Policy excludes where ropes, picks or other specialist climbing equipment is required. Special Exclusion (iii)
Martial arts training	3	Special Condition (a); noncompetitive only	Special Exclusion (iv). Policy excludes cage fighting, mixed martial arts, kickboxing, Muay Thai and competition or bouts.
Mountaineering up to 6,000 metres (with ropes, picks or specialist climbing equipment)	3	We recommend you do not venture into any area without taking local advice and appropriate rescue equipment.	Special Exclusion (iii) and (iv)
Mountaineering above 6,000 metres (with ropes, picks or specialist climbing equipment)	3	We recommend you do not venture into any area without taking local advice and appropriate rescue equipment.	Special Exclusion (iii) and (iv), except for high altitude climbing over 6,000 metres
Paragliding/parapenting	3	Special Condition (a) or (b)	Special Exclusion (iv)
Parasailing/Parascending	3	Special Condition (a) or (b)	Special Exclusion (iv)
Rap jumping	3	Special Condition (a)	Special Exclusion (iv)

Rock climbing (outdoor/traditional/sport climbing/bolted/aid climbing/free climbing); see also Mountaineering	3		Policy excludes soloing. Special Exclusion (iv)
Skydiving (solo)	3	Special Condition (a)	Policy excludes skydiving from a hot air balloon.
Snow biking (on piste or off piste within resort boundaries)	3	Special Condition (a)	Special Exclusion (i) and (iv)
	3	Special Condition (a)	Special Exclusion (iv)
Snow rafting	3	Special Condition (a)	Special Exclusion (iv)
Tubing on snow	3	Special Condition (a)	Special Exclusion (iv)
White water rafting (grades 1-5)	3	Special Condition (a)	Special Exclusion (iv)

Annexure C

(Applicable to I. Digit Group Complete Secure Policy)
Plan wise Covered Critical Illnesses

Sr. No.	Category	Critical Illness	Plan A	Plan B	Plan C	Plan D
1	Malignancy	Cancer of Specified Severity	Covered	Covered	Covered	Covered
2	Cardiovascular system	Myocardial Infarction	Covered	Covered	Covered	Covered
3		Open Heart Replacement or Repair of Heart Valves	Covered	Covered	Covered	Covered
4		Surgery to Aorta	Covered	Covered	Covered	Covered
5		Primary (Idiopathic) Pulmonary Hypertension	Not Covered	Covered	Covered	Covered
6		Aneurysm of Abdominal Aorta	Not Covered	Not Covered	Covered	Covered
7		Cardiomyopathy	Not Covered	Not Covered	Covered	Covered
8		Pulmonary artery graft surgery	Not Covered	Not Covered	Covered	Covered
9		Open Chest CABG	Covered	Covered	Covered	Covered
10		Infective Endocarditis	Not Covered	Not Covered	Not Covered	Covered
11		Dissecting Aortic Aneurysm	Not Covered	Not Covered	Not Covered	Covered
12		Major Organ Condition/Disease	End Stage Lung Failure	Covered	Covered	Covered
13	End Stage Liver Failure		Covered	Covered	Covered	Covered
14	Kidney Failure Requiring Regular Dialysis		Covered	Covered	Covered	Covered
15	Major Organ/ Bone Marrow Transplant		Covered	Covered	Covered	Covered
16	Medullary Cystic Disease		Not Covered	Not Covered	Not Covered	Covered
17	Chronic Relapsing Pancreatitis		Not Covered	Not Covered	Not Covered	Covered
18	Nervous System	Apallic Syndrome	Not Covered	Covered	Covered	Covered
19		Benign Brain Tumour	Covered	Covered	Covered	Covered
20		Coma of Specified Severity	Covered	Covered	Covered	Covered
21		Major Head Trauma	Covered	Covered	Covered	Covered
22		Permanent Paralysis of Limbs	Covered	Covered	Covered	Covered

23		Stroke Resulting in Permanent Symptoms	Not Covered	Covered	Covered	Covered
24		Motor Neurone Disease with Permanent Symptoms	Not Covered	Covered	Covered	Covered
25		Parkinson's Disease	Not Covered	Not Covered	Covered	Covered
26		Muscular Dystrophy	Not Covered	Not Covered	Covered	Covered
27		Progressive Supranuclear Palsy	Not Covered	Not Covered	Covered	Covered
28		Creutzfeldt-Jakob disease (CJD)	Not Covered	Not Covered	Covered	Covered
29		Bacterial Meningitis	Not Covered	Not Covered	Covered	Covered
30		Alzheimer's disease	Not Covered	Not Covered	Covered	Covered
31		Encephalitis	Not Covered	Not Covered	Covered	Covered
32		Multiple Sclerosis with Persisting Symptoms	Covered	Covered	Covered	Covered
33		Brain Surgery	Not Covered	Not Covered	Not Covered	Covered
34		Multiple System Atrophy	Not Covered	Not Covered	Not Covered	Covered
35	Auto Immune Disorder	Systemic lupus erythematosus	Not Covered	Not Covered	Covered	Covered
36		Goodpasture's syndrome	Not Covered	Not Covered	Covered	Covered
37		Aplastic Anaemia	Not Covered	Covered	Covered	Covered
38		Systemic Lupus Erythematosus with Lupus Nephritis	Not Covered	Not Covered	Not Covered	Covered
39		Progressive Scleroderma	Not Covered	Not Covered	Not Covered	Covered
40		Crohn's Disease	Not Covered	Not Covered	Not Covered	Covered
41		Severe Ulcerative Colitis	Not Covered	Not Covered	Not Covered	Covered
42	Others	Loss of Independent Existence	Not Covered	Covered	Covered	Covered
43		Fulminant Viral Hepatitis	Not Covered	Not Covered	Covered	Covered
44		Pneumonectomy	Not Covered	Not Covered	Covered	Covered
45		Deafness	Not Covered	Not Covered	Not Covered	Covered
46		Loss of Speech	Not Covered	Not Covered	Not Covered	Covered
47		Third Degree Burns	Not Covered	Not Covered	Not Covered	Covered
48		Chronic Adrenal Insufficiency (Addison's Disease)	Not Covered	Not Covered	Not Covered	Covered
49		Blindness	Not Covered	Not Covered	Not Covered	Covered
50		Severe Rheumatoid Arthritis	Not Covered	Not Covered	Not Covered	Covered

Annexure D

Grievance Redressal Mechanism

- 1) **Contact Information for Complaints & Grievance Redressal**
 - a) Meet your Grievance Officer at Your nearest Digit Life Branch Office
 - b) Write to life@godigit.com from Your registered email address.
 - c) Call 9960126126 from your registered mobile number.

2) Grievance Escalation Matrix

- a) **Level 1:** In case the complainant is not satisfied with the response, the complainant can escalate the grievance to Chief Grievance Redressal Officer within 8 weeks from date of complaint resolution at lifegro@godigit.com.

Address:

The Chief Grievance Redressal Officer

Go Digit Life Insurance Limited.

Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095

- b) **Level 2:** In case the complainant is not satisfied with the response or does not receive any response from the Chief Grievance Redressal Officer within 15 days, complainant may approach the grievance cell of the Insurance Regulatory and Development Authority of India (IRDAI):

IRDAI Grievance Call Centre (IGCC) Address:

Consumer Affairs Department, Insurance Regulatory and Development Authority of India

Survey No. 115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad

Telangana State – 500032

Toll Free Number: 155255 (or) 1800 4254 732

Timings: 8 AM to 8 PM (Monday to Saturday)

Email: complaints@irdai.gov.in

Website: <http://igms.irda.gov.in>

- c) **Level 3**

Manner of making complaints to Insurance Ombudsman: In case the complainant is not satisfied with the decision/resolution of the Company, or does not receive any response from the Company within 30 days of filing the complaint, the complainant may approach the nearest Insurance Ombudsman. For latest updated list of Ombudsman Office addresses, kindly visit this website <https://www.cioins.co.in/Ombudsman>

As per the provisions of Rule 13(1) of Insurance Ombudsman Rules, 2017, the Ombudsman shall receive and consider complaints or disputes relating to:

- i) delay in settlement of claims
- ii) any partial or total repudiation of claims
- iii) disputes over premium paid or payable in terms of the policy
- iv) misrepresentation of policy terms and conditions
- v) legal construction of insurance policies in so far as the dispute relates to claim.
- vi) servicing related grievances against insurers, their agents and intermediaries
- vii) issuance of policy not in conformity with Proposal form submitted.
- viii) non-issuance of insurance policy after premium receipt; and
- ix) any other matter resulting from regulatory violation, related to issues mentioned at clauses a. to h.

As per the provisions of Rule 14 of Insurance Ombudsman Rules, 2017:

Rule 14(1), any person who has a grievance against an insurer, may himself or through his legal heirs, nominee or assignee, make a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the insurer complained against or the residential address or place of residence of the complainant is located.

Rule 14(2), the complaint shall be in writing, duly signed by the complainant or through his legal heirs, nominee or assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman.

Rule 14(3), no complaint to the Insurance Ombudsman shall lie unless:

- i) the complainant makes a written representation to the insurer named in the complaint and
 - (1) either the insurer had rejected the complaint; or
 - (2) the complainant had not received any reply within a period of one month after the insurer received his representation; or
 - (3) the complainant is not satisfied with the reply given to him by the insurer
- ii) The complaint is made within one year—
 - (1) after the order of the insurer rejecting the representation is received; or
 - (2) after receipt of decision of the insurer which is not to the satisfaction of the complainant.
 - (3) after expiry of a period of one month from the date of sending the written representation to the insurer if the insurer named fails to furnish reply to the complainant.

Rule 14(4), the Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the insurer against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under these rules.

Rule 14(5), no complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.

Go Digit General Insurance Limited, IRDAI Reg No. 158, Corporate Identification Number L66010PN2016PLC167410, Reg. Office Address Ananta One (AR One), Pride Hotel Lane, Narveer Tanaji Wadi, City Survey No. 1579, Shivajinagar, Pune-411005; Corporate Office Address- Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru 560095. Website: www.godigit.com

Go Digit Life Insurance Limited, IRDAI Reg No. 165, Corporate Identification Number U66000PN2021PLC206995, Reg. Office Address Ananta One (AR One), Pride Hotel Lane, Narveer Tanaji Wadi, City Survey No. 1579, Shivajinagar, Pune-411005; Corporate Office Address: Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru 560095. Website: www.godigit.com/life